

CITY OF COLUMBIA				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$750 DEDUCTIBLE PLAN (Effective 1/1/2020)				
CLOSED TO NEW ENROLLMENTS EFFECTIVE 1/1/2017				
2020 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$548.71	\$496.14	\$52.57	\$26.29
Single + Spouse	\$1,126.20	\$592.58	\$533.62	\$266.81
Single + Child(ren)	\$917.69	\$560.09	\$357.60	\$178.80
Full Family	\$1,604.90	\$728.70	\$876.20	\$438.10
2 City EE's Married/DP w/ full family coverage*	\$802.45	\$612.42	\$190.03	\$95.02
\$750 individual deductible \$2,250 family deductible				
* = cost per employee				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$1500 DEDUCTIBLE PLAN (Effective 1/1/2020)				
2020 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$513.27	\$496.14	\$17.13	\$8.57
Single + Spouse	\$979.66	\$592.58	\$387.08	\$193.54
Single + Child(ren)	\$799.73	\$560.09	\$239.64	\$119.82
Full Family	\$1,386.95	\$728.70	\$658.25	\$329.13
2 City EE's Married/DP w/ full family coverage*	\$693.48	\$612.42	\$81.06	\$40.53
\$1500 individual deductible \$4500 family deductible				
* = cost per employee				
GROUP HDHP INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$2800 DEDUCTIBLE WITH H.S.A. PLAN (Effective 1/1/2020)				
2020 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single (Employer Paid)	\$496.14	\$496.14	\$0.00	\$0.00
Single + Spouse	\$946.98	\$592.58	\$354.40	\$177.20
Single + Child(ren)	\$773.14	\$560.09	\$213.05	\$106.53
Full Family	\$1,340.46	\$728.70	\$611.76	\$305.88
2 City EE's Married/DP w/ full family coverage*	\$670.23	\$612.42	\$57.81	\$28.91
\$2800 individual deductible \$5600 family deductible				
City H.S.A. Contribution: \$62.50 semi-monthly individual \$125 semi-monthly family				
* = cost per employee				

CITY OF COLUMBIA				
EMPLOYEE DENTAL COVERAGE - DELTA DENTAL				
(Effective 1/1/2020)				
COVERAGE LEVEL	Gross Rate	City Contribution	EE Monthly Contribution	EE Semi-Monthly Contribution
Employee Only	\$32.62	\$32.62	\$0.00	\$0.00
Employee + Spouse	\$65.06	\$32.62	\$32.44	\$16.22
Employee + Child(ren)	\$65.06	\$32.62	\$32.44	\$16.22
Full Family	\$97.45	\$32.62	\$64.83	\$32.42
2 City EE's with Kids*	\$48.73	\$32.62	\$16.11	\$8.06
* = cost per employee				
<i>Rates for employees who are 0.75 FTE or higher</i>				

CITY OF COLUMBIA				
EMPLOYEE DENTAL COVERAGE - DELTA DENTAL				
(Effective 1/1/2020)				
COVERAGE LEVEL	Gross Rate	City Contribution	EE Monthly Contribution	EE Semi-Monthly Contribution
Employee Only	\$32.62	\$16.31	\$16.31	\$8.16
Employee + Spouse	\$65.06	\$16.31	\$48.75	\$24.38
Employee + Child(ren)	\$65.06	\$16.31	\$48.75	\$24.38
Full Family	\$97.45	\$16.31	\$81.14	\$40.57
<i>Rates for employees who are 0.74 FTE or lower</i>				