

Adopted 10/01/2023, Effective 01/01/2024				
CITY OF COLUMBIA				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$750 DEDUCTIBLE PLAN (Effective 1/1/2024)				
CLOSED TO NEW ENROLLMENTS EFFECTIVE 1/1/2017				
2024 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$665.98	\$608.51	\$57.47	\$28.74
Single + Spouse	\$1,366.89	\$777.78	\$589.11	\$294.56
Single + Child(ren)	\$1,113.82	\$719.07	\$394.75	\$197.38
Full Family	\$1,947.90	\$976.24	\$971.66	\$485.83
2 City EE's Married/DP w/ full family coverage*	\$973.95	\$759.37	\$214.58	\$107.29
\$750 individual deductible		\$2,250 family deductible		
* = cost per employee				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$1500 DEDUCTIBLE PLAN (Effective 1/1/2024)				
2024 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$627.23	\$608.51	\$18.72	\$9.36
Single + Spouse	\$1,206.66	\$777.78	\$428.88	\$214.44
Single + Child(ren)	\$984.84	\$719.07	\$265.77	\$132.88
Full Family	\$1,709.59	\$976.24	\$733.35	\$336.68
2 City EE's Married/DP w/ full family coverage*	\$854.80	\$759.37	\$95.43	\$47.72
\$1500 individual deductible		\$4500 family deductible		
* = cost per employee				
GROUP HDHP INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$3200 DEDUCTIBLE WITH H.S.A. PLAN (Effective 1/1/2024)				
2024 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single (Employer Paid)	\$608.51	\$608.51	\$0.00	\$0.00
Single + Spouse	\$1,170.92	\$777.78	\$393.14	\$196.57
Single + Child(ren)	\$955.77	\$719.08	\$236.69	\$118.35
Full Family	\$1,658.75	\$976.24	\$682.51	\$341.26
2 City EE's Married/DP w/ full family coverage*	\$829.38	\$759.37	\$70.01	\$35.01
\$3200 individual deductible		\$6400 family deductible		
City H.S.A. Contribution: \$62.50 semi-monthly individual \$125.00 semi-monthly family				
* = cost per employee				