

Adopted 10/01/2020, Effective 01/01/2021

CITY OF COLUMBIA				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$750 DEDUCTIBLE PLAN (Effective 1/1/2021)				
CLOSED TO NEW ENROLLMENTS EFFECTIVE 1/1/2017				
2021 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$579.69	\$524.16	\$55.53	\$27.77
Single + Spouse	\$1,189.79	\$620.60	\$569.19	\$284.60
Single + Child(ren)	\$969.51	\$588.11	\$381.40	\$190.70
Full Family	\$1,695.52	\$756.72	\$938.80	\$469.40
2 City EE's Married/DP w/ full family coverage*	\$847.76	\$640.44	\$207.32	\$103.66
\$750 individual deductible		\$2,250 family deductible		
* = cost per employee				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$1500 DEDUCTIBLE PLAN (Effective 1/1/2021)				
2021 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$542.25	\$524.16	\$18.09	\$9.05
Single + Spouse	\$1,034.98	\$620.60	\$414.38	\$207.19
Single + Child(ren)	\$844.89	\$588.11	\$256.78	\$128.39
Full Family	\$1,465.27	\$756.72	\$708.55	\$354.28
2 City EE's Married/DP w/ full family coverage*	\$732.64	\$640.44	\$92.20	\$46.10
\$1500 individual deductible		\$4500 family deductible		
* = cost per employee				
GROUP HDHP INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$2800 DEDUCTIBLE WITH H.S.A. PLAN (Effective 1/1/2021)				
2021 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single (Employer Paid)	\$524.16	\$524.16	\$0.00	\$0.00
Single + Spouse	\$1,000.45	\$620.60	\$379.85	\$189.93
Single + Child(ren)	\$816.80	\$588.11	\$228.69	\$114.35
Full Family	\$1,416.15	\$756.72	\$659.43	\$329.72
2 City EE's Married/DP w/ full family coverage*	\$708.08	\$640.44	\$67.64	\$33.82
\$2800 individual deductible		\$5600 family deductible		
City H.S.A. Contribution: \$31.25 semi-monthly individual \$62.50 semi-monthly family				
* = cost per employee				