

<b>City Of Columbia</b> <b>NON MEDICARE MEDICAL RATES</b> <b>Group Insurance PPO PLAN \$750 DEDUCTIBLE</b> <b>(EFFECTIVE 1/1/2020)</b>	
Closed to new enrollments 1/1/2017	
Medical Coverage	
Single	\$843.50
Single + Spouse	\$1,771.35
Single + Children	\$1,560.48
Full Family	\$2,488.33
\$750 Individual deductible \$2250 Family deductible	

<b>City Of Columbia</b> <b>NON MEDICARE MEDICAL RATES</b> <b>Group Insurance PPO PLAN \$1500 DEDUCTIBLE</b> <b>(EFFECTIVE 1/1/2020)</b>	
Medical Coverage	Retiree Premium
Single	\$811.08
Single + Spouse	\$1,703.27
Single + Children	\$1,500.50
Full Family	\$2,392.69
\$1500 Individual deductible \$4500 Family deductible	

<b>City Of Columbia</b> <b>NON MEDICARE MEDICAL RATES</b> <b>High Deductible Health Plan \$2800 DEDUCTIBLE</b> <b>(EFFECTIVE 1/1/2020)</b>	
Medical Coverage	Retiree Premium
Single	\$795.21
Single + Spouse	\$1,669.94
Single + Children	\$1,471.14
Full Family	\$2,345.87
\$2800 Individual deductible \$5600 Family deductible	

<b>City Of Columbia</b> <b>RETIREE - DELTA DENTAL</b> <b>(Effective 1/1/2020)</b>	
Dental Coverage	Retiree Premium
Single	\$32.62
Single + Spouse	\$65.06
Single + Children	\$65.06
Full Family	\$97.45