

CITY OF COLUMBIA				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$750 Deductible Plan		Effective: 1/1/2026		
CLOSED TO NEW ENROLLMENTS EFFECTIVE 1/1/2017				
Coverage Level	Gross Rate	City Contribution	Employee Monthly Premium	Employee Bi-Monthly Premium
Single	\$767.88	\$691.09	\$76.79	\$38.40
Single + Spouse	\$1,576.05	\$967.34	\$608.71	\$304.36
Single + Child(ren)	\$1,284.26	\$873.70	\$410.56	\$205.28
Full Family	\$2,245.97	\$1,245.39	\$1,000.58	\$500.29
2 City EE's Married/DP w/ full family coverage*	\$1,122.98	\$893.95	\$229.03	\$114.52
Individual Deductible: \$750			Family Deductible \$2,250	
* = cost per employee				

GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$1,500 Deductible Plan		Effective: 1/1/2026		
Coverage Level	Gross Rate	City Contribution	Employee Monthly Premium	Employee Bi-Monthly Premium
Single	\$725.26	\$689.00	\$36.26	\$18.13
Single + Spouse	\$1,399.80	\$967.34	\$432.46	\$216.23
Single + Child(ren)	\$1,142.38	\$873.70	\$268.68	\$134.34
Full Family	\$1,983.83	\$1,245.39	\$738.44	\$369.22
2 City EE's Married/DP w/ full family coverage*	\$991.92	\$893.95	\$97.97	\$48.99
Individual Deductible: \$1,500			Family Deductible: \$4,500	
* = cost per employee				

GROUP HDHP INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$3,400 Deductible with H.S.A. Plan				
Effective: 1/1/2026				
Coverage Level	Gross Rate	City Contribution	Employee Monthly Premium	Employee Bi-Monthly Premium
Single (Employer Paid)	\$704.66	\$704.66	\$0.00	\$0.00
Single + Spouse	\$1,360.49	\$967.34	\$393.15	\$196.58
Single + Child(ren)	\$1,110.40	\$873.70	\$236.70	\$118.35
Full Family	\$1,927.90	\$1,245.39	\$682.51	\$341.26
2 City EE's Married/DP w/ full family coverage*	\$963.96	\$893.95	\$70.01	\$35.01
Individual Deductible: \$3,400			Family Deductible: \$6,800	
City Semi-Monthly H.S.A. Contribution:	Individual: \$	70.83	Family: \$	141.67
* = cost per employee				