

Council Bill:     B 235-20    

MOTION TO AMEND: \_\_\_\_\_

MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

MOTION: I move that Council Bill     B 235-20     be amended as set forth on this amendment sheet.

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Exhibits A and B attached to this amendment sheet are substituted for the original Exhibits A and B attached to the ordinance.

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

<b>CITY OF COLUMBIA</b>				
<b>GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES</b>				
<b>\$750 DEDUCTIBLE PLAN (Effective 1/1/2021)</b>				
<b>CLOSED TO NEW ENROLLMENTS EFFECTIVE 1/1/2017</b>				
<b>2021 Medical Coverage</b>	<b>Gross Rate</b>	<b>City Contribution</b>	<b>Net Monthly Rate</b>	<b>Net Semi-Monthly Rate</b>
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				
<b>GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES</b>				
<b>\$1500 DEDUCTIBLE PLAN (Effective 1/1/2021)</b>				
<b>2021 Medical Coverage</b>	<b>Gross Rate</b>	<b>City Contribution</b>	<b>Net Monthly Rate</b>	<b>Net Semi-Monthly Rate</b>
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				
<b>GROUP HDHP INSURANCE PLAN - ACTIVE EMPLOYEE RATES</b>				
<b>\$2800 DEDUCTIBLE WITH H.S.A. PLAN (Effective 1/1/2021)</b>				
<b>2021 Medical Coverage</b>	<b>Gross Rate</b>	<b>City Contribution</b>	<b>Net Monthly Rate</b>	<b>Net Semi-Monthly Rate</b>
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: \$62.50 semi-monthly individual \$125.00 semi-monthly family				
* = cost per employee				

<b>CITY OF COLUMBIA</b>				
<b>EMPLOYEE DENTAL COVERAGE - DELTA DENTAL</b>				
<b>(Effective 1/1/2021)</b>				
<b>COVERAGE LEVEL</b>	<b>Gross Rate</b>	<b>City Contribution</b>	<b>EE Monthly Contribution</b>	<b>EE Semi-Monthly Contribution</b>
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>				

<b>CITY OF COLUMBIA</b>				
<b>EMPLOYEE DENTAL COVERAGE - DELTA DENTAL</b>				
<b>(Effective 1/1/2021)</b>				
<b>COVERAGE LEVEL</b>	<b>Gross Rate</b>	<b>City Contribution</b>	<b>EE Monthly Contribution</b>	<b>EE Semi-Monthly Contribution</b>
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>				

<b>CITY OF COLUMBIA</b>				
<b>RETIREE DENTAL COVERAGE - DELTA DENTAL</b>				
<b>(Effective 1/1/2021)</b>				
<b>COVERAGE LEVEL</b>	<b>Gross Rate</b>			<b>RETIREE Monthly Rate</b>
Retiree Only	\$32.62			\$32.62
Retiree + Spouse	\$65.06			\$65.06
Retiree + Child(ren)	\$65.06			\$65.06
Full Family	\$97.45			\$97.45