

Adopted 10/01/2018, Effective 01/01/2019

CITY OF COLUMBIA				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$750 DEDUCTIBLE PLAN (Effective 1/1/2019)				
CLOSED TO NEW ENROLLMENTS EFFECTIVE 1/1/2017				
2019 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$548.71	\$496.14	\$52.57	\$26.29
Single + Spouse	\$1,126.20	\$592.58	\$533.62	\$266.81
Single + Child(ren)	\$917.69	\$560.09	\$357.60	\$178.80
Full Family	\$1,604.90	\$728.70	\$876.20	\$438.10
2 City EE's Married/DP w/ full family coverage*	\$802.45	\$612.42	\$190.03	\$95.02
\$750 individual deductible		\$2,250 family deductible		
* = cost per employee				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$1500 DEDUCTIBLE PLAN (Effective 1/1/2019)				
2019 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$513.27	\$496.14	\$17.13	\$8.57
Single + Spouse	\$979.66	\$592.58	\$387.08	\$193.54
Single + Child(ren)	\$799.73	\$560.09	\$239.64	\$119.82
Full Family	\$1,386.95	\$728.70	\$658.25	\$329.13
2 City EE's Married/DP w/ full family coverage*	\$693.48	\$612.42	\$81.06	\$40.53
\$1500 individual deductible		\$4500 family deductible		
* = cost per employee				
GROUP HDHP INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$2700 DEDUCTIBLE WITH H.S.A. PLAN (Effective 1/1/2019)				
2019 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single (Employer Paid)	\$496.14	\$496.14	\$0.00	\$0.00
Single + Spouse	\$946.98	\$592.58	\$354.40	\$177.20
Single + Child(ren)	\$773.14	\$560.09	\$213.05	\$106.53
Full Family	\$1,340.46	\$728.70	\$611.76	\$305.88
2 City EE's Married/DP w/ full family coverage*	\$670.23	\$612.42	\$57.81	\$28.91
\$2700 individual deductible		\$5400 family deductible		
City H.S.A. Contribution: \$62.50 semi-monthly individual \$125 semi-monthly family				
* = cost per employee				

CITY OF COLUMBIA				
EMPLOYEE DENTAL COVERAGE - DELTA DENTAL				
(Effective 1/1/2019)				
COVERAGE LEVEL	Gross Rate	City Contribution	EE Monthly Contribution	EE Semi-Monthly Contribution
Employee Only	\$30.20	\$30.20	\$0.00	\$0.00
Employee + Spouse	\$60.24	\$30.20	\$30.04	\$15.02
Employee + Child(ren)	\$60.24	\$30.20	\$30.04	\$15.02
Full Family	\$90.23	\$30.20	\$60.03	\$30.02
2 City EE's with Kids*	\$45.12	\$30.20	\$14.92	\$7.46
* = cost per employee				
<i>Rates for employees who are 0.75 FTE or higher</i>				

CITY OF COLUMBIA				
EMPLOYEE DENTAL COVERAGE - DELTA DENTAL				
(Effective 1/1/2019)				
COVERAGE LEVEL	Gross Rate	City Contribution	EE Monthly Contribution	EE Semi-Monthly Contribution
Employee Only	\$30.20	\$15.10	\$15.10	\$7.55
Employee + Spouse	\$60.24	\$15.10	\$45.14	\$22.57
Employee + Child(ren)	\$60.24	\$15.10	\$45.14	\$22.57
Full Family	\$90.23	\$15.10	\$75.13	\$37.57
<i>Rates for employees who are 0.74 FTE or lower</i>				