

Adopted: 9/29/2024

Effective: 1/1/2025

CITY OF COLUMBIA				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$750 Deductible Plan		Effective: 1/1/2025		
CLOSED TO NEW ENROLLMENTS EFFECTIVE 1/1/2017				
Coverage Level	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-monthly Rate
Single	\$698.08	\$640.61	\$57.47	\$28.74
Single + Spouse	\$1,432.77	\$843.66	\$589.11	\$294.56
Single + Child(ren)	\$1,167.51	\$772.76	\$394.75	\$197.37
Full Family	\$2,041.79	\$1,070.13	\$971.66	\$485.83
2 City EE's Married/DP w/ full family coverage*	\$1,020.89	\$806.31	\$214.58	\$107.29
Individual Deductible: \$750		Family Deductible \$2,250		
* = cost per employee				

GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$1,500 Deductible Plan		Effective: 1/1/2025		
Coverage Level	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-monthly Rate
Single	\$659.33	\$640.61	\$18.72	\$9.36
Single + Spouse	\$1,272.54	\$843.66	\$428.88	\$214.44
Single + Child(ren)	\$1,038.53	\$772.76	\$265.77	\$132.88
Full Family	\$1,803.48	\$1,070.13	\$733.35	\$366.68
2 City EE's Married/DP w/ full family coverage*	\$901.74	\$806.31	\$95.43	\$47.72
Individual Deductible: \$1,500		Family Deductible: \$4,500		
* = cost per employee				

GROUP HDHP INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$3,300 Deductible with H.S.A. Plan		Effective: 1/1/2025		
Coverage Level	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-monthly Rate
Single (Employer Paid)	\$640.61	\$640.61	\$0.00	\$0.00
Single + Spouse	\$1,236.80	\$843.66	\$393.14	\$196.57
Single + Child(ren)	\$1,009.45	\$772.76	\$236.69	\$118.35
Full Family	\$1,752.64	\$1,070.13	\$682.51	\$341.26
2 City EE's Married/DP w/ full family coverage*	\$876.32	\$806.31	\$70.01	\$35.01
Individual Deductible: \$3,300		Family Deductible: \$6,600		
City Semi-Monthly H.S.A. Contribution:		Individual: \$	62.50	Family: \$ 125.00
* = cost per employee				