CITY OF COLUMBIA GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES \$750 DEDUCTIBLE PLAN (Effective 1/1/2022)

CLOSED TO NEW ENROLLMENTS EFFECTIVE 1/1/2017

				N (O ' M () I
				Net Semi-Monthly
2022 Medical Coverag	ge Gross Rate	City Contribution	Net Monthly Rate	Rate
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 fami	ily			
coverage*	\$847.76	\$640.44	\$207.32	\$103.66
\$75	individual dedι	uctible \$2,2	50 family deductible	е

^{* =} cost per employee

GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES \$1500 DEDUCTIBLE PLAN (Effective 1/1/2022)

				Net Semi-Monthly		
2022 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Rate		
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

GROUP HDHP INSURANCE PLAN - ACTIVE EMPLOYEE RATES \$2800 DEDUCTIBLE WITH H.S.A. PLAN (Effective 1/1/2022)

				Net Semi-Monthly		
2022 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Rate		
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	ф 7 00 00	# 040.44	007.04	Ф00.00		
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