SEMI-MONTHLY MEDICAL PREMIUMS FOR ACTIVE EMPLOYEES - Effective 1/1/2022 (0% increase to gross premiums)

	CONTRACTOR.	Maria Calletta (S. C.)	2		
				2022	
			2022	Semi-	
	Current 2021 EE	2022 EE	Semi-	Monthly	
	Semi-	Semi-	Monthly	Savings if	2000 6 100 111
	Monthly	Monthly	Increase if stay in	move	2022 Semi-Monthly
\$750 PPO Plan	Cost	Cost	\$750	from \$750 to \$1500	Savings if move from \$750 to HDHP
EE	\$27.77	\$27.77	\$0.00	(\$18.72)	(\$27.77)
EE+Spouse	\$284.60	\$284.60	\$0.00	(\$77.41)	(\$94.67)
EE+Ch(rn)	\$190.70	\$190.70	\$0.00	(\$62.31)	(\$76.35)
Full Family	\$469.40	\$469.40	\$0.00	(\$115.12)	(\$139.68)
2 City Ees Married/DP w/kids*	\$103.66	\$103.66	\$0.00	(\$57.56)	(\$69.84)
* = semi-monthly cost for each employee	V	V100.00	70.00	(\$37.50)	(303.04)
				2022	
				Semi-	
			2022	Monthly	
	Current		Semi-	Savings if	
	2021 EE	2022 EE	Monthly	move	
	Semi-	Semi-	Increase if	from	
	Monthly	Monthly	stay in	\$1500 to	\$750 Closed to New
\$1500 PPO Plan	Cost	Cost	\$1500	HDHP	Enrollments
EE	\$9.05	\$9.05	\$0.00	(\$9.05)	
EE+Spouse	\$207.19	\$207.19	\$0.00	(\$17.26)	
EE+Ch(rn)	\$128.39	\$128.39	\$0.00	(\$14.04)	
Full Family	\$354.28	\$354.28	\$0.00	(\$24.56)	
2 City Ees Married/DP w/kids*	\$46.10	\$46.10	\$0.00	(\$12.28)	
* = semi-monthly cost for each employee					
				2022	
				Semi-	
			2022	Monthly	i I
	Current	2000 ==	Semi-	Increase if	
	2021 EE	2022 EE	Monthly	move	
	Semi- Monthly	Semi- Monthly	Increase if	from HDHP to	C7FO Closed to N
\$2800 HDHP Plan	Cost	Cost	stay in HDHP	\$1500	\$750 Closed to New Enrollments
EE	\$0.00	\$0.00	\$0.00	\$9.05	rinolline 1172
EE+Spouse	\$189.93	\$189.93	\$0.00	\$17.26	
EE+Ch(rn)	\$114.35	\$114.35	\$0.00	\$14.04	
Full Family	\$329.72	\$329.72	\$0.00	\$24.56	
2 City Ees Married/DP w/kids*	\$33.82	\$33.82	\$0.00	\$12.28	
* = semi-monthly cost for each employee	700.02	755.02	70.00	712.20	1 11 11 11 11 11 11 11 11 11 11 11 11 1
City H.S.A. contributions remain	the same a	t ¢125/mar±l	o for Single	¢250/	for Foreily
City 11.5.A. Continuations remain	riie saille a	r 3TS3/monti	i for single of	325U/month	i tor Family

Monthly Dental Premiums For Active Full Time Permanent Employees Delta Dental

Effective 1/1/2022

(3% increase to gross rates)

Coverage Level	Current 2021 EE Monthly Premium	2022 EE Monthly Premium	Monthly Increase	
Employee Only	\$0.00	\$0.00	\$0.00	
Employee + Spouse	\$32.44	\$33.41	\$0.97	
Employee + Child(ren)	\$32.44	\$33.41	\$0.97	
Full Family	\$64.83	\$66.77	\$1.94	
2 City EE's with Kids* (* = cost per EE)	\$16.11	\$16.59	\$0.48	

Monthly Vision Premiums For Active Permanent Employees Sunlife

Effective 1/1/2022

(5% increase to gross rates)

Coverage Level	Current 2021 EE Monthly Premium	2022 EE Monthly Premium	Monthly Increase
Employee Only	\$7.44	\$7.81	\$0.37
Employee + Spouse	\$14.90	\$15.65	\$0.75
Employee + Child(ren)	\$15.93	\$16.73	\$0.81
Full Family	\$25.49	\$26.76	\$1.27