

Adopted 10/01/2023, Effective 01/01/2024

CITY OF COLUMBIA				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$750 DEDUCTIBLE PLAN (Effective 1/1/2024)				
CLOSED TO NEW ENROLLMENTS EFFECTIVE 1/1/2017				
2024 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$665.98	\$337.25	\$328.73	\$164.37
Single + Spouse	\$1,366.89	\$456.62	\$910.27	\$455.14
Single + Child(ren)	\$1,113.82	\$414.73	\$699.09	\$197.37
Full Family	\$1,947.90	\$584.64	\$1,363.26	\$681.63
\$750 individual deductible		\$2,250 family deductible		
<i>For employees who are 0.74 or lower</i>				
GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$1500 DEDUCTIBLE PLAN (Effective 1/1/2024)				
2024 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single	\$627.23	\$337.25	\$289.98	\$144.99
Single + Spouse	\$1,206.66	\$456.62	\$750.04	\$375.02
Single + Child(ren)	\$984.84	\$414.73	\$570.11	\$132.88
Full Family	\$1,709.59	\$584.64	\$1,124.95	\$562.48
\$1500 individual deductible		\$4500 family deductible		
<i>For employees who are 0.74 or lower</i>				
GROUP HDHP INSURANCE PLAN - ACTIVE EMPLOYEE RATES				
\$3200 DEDUCTIBLE WITH H.S.A. PLAN (Effective 1/1/2024)				
2024 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi-Monthly Rate
Single (Employer Paid)	\$608.51	\$337.25	\$271.26	\$135.63
Single + Spouse	\$1,170.92	\$456.61	\$714.31	\$196.57
Single + Child(ren)	\$955.77	\$414.73	\$541.04	\$270.52
Full Family	\$1,658.75	\$584.63	\$1,074.12	\$537.06
\$3200 individual deductible		\$6400 family deductible		
City H.S.A. Contribution: \$31.25 semi-monthly individual \$62.50 semi-monthly family				
<i>For employees who are 0.74 or lower</i>				