CITY OF COLUMBIA GROUP PPO INSURANCE PLAN - ACTIVE EMPLOYEE RATES \$750 DEDUCTIBLE PLAN (Effective 1/1/2023)

2023 Medical Coverage	Gross Rate	City Contribution	Net Monthly Rate	Net Semi- Monthly Rate		
Single	\$599.98	\$542.51	\$57.47	\$28.74		
Single + Spouse	\$1,231.43	\$642.32	\$589.11	\$294.56		
Single + Child(ren)	\$1,003.44	\$608.69	\$394.75	\$197.37		
Full Family	\$1,754.86	\$783.21	\$971.66	\$485.83		
Married/Dom Partners w/ full family coverage.	\$877.43	\$662.86	\$214.58	\$107.29		
Rates for employees who are 0.75 FTE or higher						

CITY OF COLUMBIA GROUP INSURANCE PPO PLAN - ACTIVE EMPLOYEE RATES \$1500 DEDUCTIBLE (Effective 1/1/2023)

0000 Madical Carrena	One see Dete	City	Net Monthly Rate	Net Semi- Monthly Rate			
2023 Medical Coverage	Gross Rate	Contribution	Rate	Wollding Rate			
Single	\$561.23	\$542.51	\$18.72	\$9.36			
Single + Spouse	\$1,071.20	\$642.32	\$428.88	\$214.44			
Single + Child(ren)	\$874.46	\$608.69	\$265.77	\$132.88			
Full Family	\$1,516.55	\$783.21	\$733.34	\$366.67			
Married/Dom Partners w/ full	•	•	•				
family coverage	\$758.28	\$662.86	\$95.42	\$47.71			
For employees who are 0.75 or higher							

CITY OF COLUMBIA GROUP INSURANCE PLAN - ACTIVE EMPLOYEE RATES \$3000 DEDUCTIBLE HDHP Plan W/HSA

(Effective 1/1/2023)

		City	Net Monthly	Net Semi-		
2022 Medical Coverage	Gross Rate	Contribution	Rate	Monthly Rate		
Single (Employer Paid)	\$542.51	\$542.51	\$0.00	\$0.00		
Single + Spouse	\$1,035.47	\$642.32	\$393.15	\$196.57		
Single + Child(ren)	\$845.39	\$608.69	\$236.70	\$118.35		
Full Family	\$1,465.72	\$783.21	\$682.51	\$341.26		
Married/Dom Partners w/ full						
family coverage	\$732.86	\$662.86	\$70.00	\$35.00		
City H.S.A. Contribution: \$31.25 Semi-Monthly individual, \$62.50 Semi-Monthly family						

City H.S.A. Contribution: \$31.25 Semi-Monthly individual \$62.50 Semi-Monthly family

For employees who are 0.75 or higher