# Your Cost — Medical, Dental, and Vision Premiums

Bi-weekly deductions shown. Completing the Lifestyle Rewards wellness program earns you a lower premium rate. AFSCME and Non-Bargaining share the same rates.

## PPO / FSA PLAN

| COVERAGE TIER | AFSCME / NON-BARG. | | POLICE | | FIRE | |
|---|---|---|---|---|---|---|
| | NON-WELLNESS | WELLNESS | NON-WELL. (12%) | WELLNESS (8%) | NON-WELLNESS | WELLNESS |
| Employee Only | $102.47 | $81.97 | $98.37 | $65.58 | $131.62 | $75.68 |
| Employee + Spouse | $178.78 | $143.02 | $171.63 | $114.42 | $164.52 | $106.94 |
| Employee + Child(ren) | $156.28 | $125.02 | $150.02 | $100.02 | $164.52 | $106.94 |
| Family | $229.84 | $183.87 | $220.64 | $147.09 | $172.75 | $115.17 |

## QHDHP / HSA PLAN

| COVERAGE TIER | AFSCME / NON-BARG. | | POLICE | | FIRE | |
|---|---|---|---|---|---|---|
| | NON-WELLNESS | WELLNESS | NON-WELL. (8%) | WELLNESS (4%) | NON-WELLNESS | WELLNESS |
| Employee Only | $45.18 | $31.89 | $42.52 | $21.26 | $92.13 | $42.78 |
| Employee + Spouse | $80.66 | $56.94 | $75.92 | $37.96 | $115.17 | $65.81 |
| Employee + Child(ren) | $71.87 | $50.73 | $67.64 | $33.82 | $115.17 | $65.81 |
| Family | $101.55 | $71.69 | $95.58 | $47.79 | $131.62 | $82.26 |

## DENTAL & VISION COSTS — ALL GROUPS

| PLAN | EMP. ONLY | EMP. + SPOUSE | EMP. + CHILD(REN) | FAMILY |
|---|---|---|---|---|
| Dental Base | $0.00 | $0.00 | $0.00 | $0.00 |
| Dental Buy-Up (AFSCME & Non-Bargaining only) | $2.51/mo | $4.35/mo | $4.35/mo | $4.35/mo |
| Vision | $0.00 | $0.00 | $0.00 | $0.00 |

Rates shown are bi-weekly employee contributions.