

## 2015 Premiums- Active Employees

### Medical Plan Costs

Single Coverage		Monthly	Per Paycheck*
Total Single Premium		\$697.00	\$348.50
City Contribution – 90% of Single premium		(\$627.30)	(\$313.65)
Employee Contribution – 10% of Single premium		\$69.70	\$34.85
Basic, Fire, Police, LELS & Supervisory Employees	Total Cafeteria Plan Contribution	\$304.00	\$152.00
	Less employee responsibility	(\$69.70)	(\$34.85)
	<b>Remaining Cafeteria Plan Contribution</b>	<b>\$234.30</b>	<b>\$117.15</b>
Confidential Employees	Total Cafeteria Plan Contribution	\$320.00	\$160.00
	Less employee responsibility	(\$69.70)	(\$34.85)
	<b>Remaining Cafeteria Plan Contribution</b>	<b>\$250.30</b>	<b>\$125.15</b>

Family Coverage		Monthly	Per Paycheck*
Total Family Premium		\$1,715.00	\$857.50
City Contribution – 80% of Family premium		(\$1,372.00)	(\$686.00)
Employee Contribution – 20% of Family premium		\$343.00	\$171.50
Basic, Fire, Police, LELS & Supervisory Employees	Employee Responsibility	\$343.00	\$171.50
	Less Cafeteria Plan Contribution	(\$229.00)	(\$114.50)
	<b>Remaining Employee Responsibility</b>	<b>\$114.00</b>	<b>\$57.00</b>
Confidential Employees	Employee Responsibility	\$343.00	\$171.50
	Less Cafeteria Plan Contribution	(\$245.00)	(\$122.50)
	<b>Remaining Employee Responsibility</b>	<b>\$98.00</b>	<b>\$49.00</b>

\*Per-Paycheck amounts for health premiums and cafeteria plan contributions are calculated using 24 pay periods; in months that contain a third paycheck, no premium deductions will be held from employee paychecks.

### Dental Plan Costs

Plan	Low Option (\$1,000 Annual Benefit)			High Option (\$2,000 Annual Benefit)		
	Monthly Premium	City Contribution	Employee Contribution	Monthly Premium	City Contribution	Employee Contribution
Single	\$31.00	\$31.00	\$0.00	\$63.00	\$31.00	\$32.00
Single + 1	\$62.00	\$31.00	\$31.00	\$119.00	\$31.00	\$88.00
Family	\$102.00	\$31.00	\$71.00	\$211.00	\$31.00	\$180.00