

# 2019 Benefit Premiums Per Pay Period

Rates effective January 2019

## Medical

### Blue Cross Blue Shield

Coverage	Employee	City	Total
<b>BCBS HDHP</b>			
Employee Only	\$85.87	\$128.81	\$214.68
Employee +Spouse (DP)	\$185.48	\$278.22	\$463.70
Employee + Child(ren)	\$176.20	\$264.30	\$440.50
Family	\$268.93	\$403.39	\$672.32
<b>BCBS PPO</b>			
Employee Only	\$115.30	\$172.95	\$288.25
Employee +Spouse (DP)	\$230.61	\$345.92	\$576.53
Employee + Child(ren)	\$219.08	\$328.62	\$547.70
Family	\$334.38	\$501.57	\$835.95
<b>BCBS EPO</b>			
Employee Only	\$133.71	\$200.56	\$334.27
Employee +Spouse (DP)	\$267.43	\$401.14	\$668.56
Employee + Child(ren)	\$254.05	\$381.08	\$635.14
Family	\$387.76	\$581.64	\$969.40

## Health Savings Account—HSA Bank

Must be enrolled in BCBS HDHP

Individual limit \$3,500

Family limit \$7,000

Catch-up (age 55) \$1,000

## Flexible Spending Account(s)—ASI Flex

Health Care FSA limit \$2,700 (\*projected)

Dependent Care max \$5,000

## Dental

### Delta Dental

Coverage	Employee	City	Total
Employee Only	\$5.15	\$7.72	\$12.87
Employee +Spouse (DP)	\$10.32	\$15.48	\$25.80
Employee + Child(ren)	\$13.77	\$20.66	\$34.43
Family	\$21.21	\$31.82	\$53.03

## Vision

VSP (100% employee paid)

Coverage	Employee
<b>VSP Base Plan</b>	
Employee Only	\$2.70
Employee +Spouse (DP)	\$4.75
Employee + Child(ren)	\$5.88
Family	\$9.01
<b>VSP Mid Plan</b>	
Employee Only	\$4.36
Employee +Spouse (DP)	\$7.67
Employee + Child(ren)	\$9.49
Family	\$14.54
<b>VSP High Plan</b>	
Employee Only	\$4.71
Employee +Spouse (DP)	\$8.77
Employee + Child(ren)	\$11.01
Family	\$17.21

Medical, Dental, Vision, Accident and Critical Illness benefits are deducted on a pre-tax basis unless waived. Domestic partner and domestic partner family coverage: only the employee's coverage will be deducted pre-tax. The value of insurance benefits provided to a domestic partner is considered taxable income to the employee and is subject to social security, federal and state income tax withholding.

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## Life and Disability

### Mutual of Omaha

Coverage (employee only)		Employee	City
Employee Basic Life		\$0.00	\$2.54
Short Term Disability		\$9.23	\$0.00
Optional Term Life* (1-5 Times Annual Salary)		Long Term Disability*	
See Mutual of Omaha Benefit & Premium Calculation Worksheet**		Monthly earnings (max \$10,000) x Premium Factor**	
Age	Rate (per \$1,000 coverage)	Age	Premium Factor
<30	\$0.07	<30	.0002123
30-34	\$0.08	30-34	.0004015
35-39	\$0.09	35-39	.0007200
40-44	\$0.12	40-44	.0010800
45-49	\$0.17	45-49	.0016338
50-54	\$0.27	50-54	.0023169
55-59	\$0.43	55-59	.0025615
60-64	\$0.72	60-64	.0022569
65-69	\$1.15	65+	.0022154
70+	\$2.78		

\* Rates based on age & salary (100% employee Paid)  
 \*\*Premium estimate, actual deduction may vary due to rounding.

Dependent Life Insurance (100% employee paid) Must be enrolled in Optional Term Life			
Spouse Life		Child Life	
Coverage Amount	Employee	Coverage Amount	Employee
\$10,000	\$1.02	\$5,000	\$0.18
\$20,000	\$2.04	\$10,000	\$0.37
\$30,000	\$3.06	\$25,000	\$0.92
\$40,000	\$4.08		
\$50,000	\$5.10		

## Accident

### Allstate (100% employee paid)

Coverage	Plan 1	Plan 2
Employee Only	\$6.22	\$11.04
Employee +Spouse (DP)	\$10.74	\$19.10
Employee + Child(ren)	\$13.18	\$23.72
Family	\$17.18	\$30.22

## Critical Illness

### Allstate (100% employee paid)

Age	Plan 1		Plan 2	
	EE/EE+CH	EE+SP/ Family	EE/EE+CH	EE+SP/ Family
18-24	\$2.26	\$4.12	\$3.06	\$5.30
25-29	\$2.52	\$4.52	\$3.56	\$6.06
30-34	\$2.98	\$5.22	\$4.44	\$7.40
35-39	\$3.90	\$6.64	\$6.22	\$10.10
40-44	\$4.84	\$8.10	\$8.06	\$12.88
45-49	\$6.30	\$10.32	\$10.84	\$17.12
50-54	\$8.24	\$13.32	\$14.56	\$22.78
55-59	\$10.54	\$16.88	\$18.96	\$29.50
60-64	\$14.36	\$22.74	\$26.32	\$40.66
65-69	\$19.48	\$30.60	\$36.26	\$55.74
70-74	\$25.96	\$40.46	\$48.86	\$74.80
75-79	\$33.88	\$52.46	\$64.48	\$98.34
80+	\$49.80	\$76.40	\$96.20	\$145.98

## Deferred Compensation (457 Plan)

### ICMA-RC or Nationwide

Annual limit \$19,000

Catch-up (age 50+) +\$6,000

Catch-up (final 3) +\$19,000

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