

2019 Health, Dental, Vision Rates - Non Tobacco

WELLNESS PARTICIPANT

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 97.00	\$ 647.00	\$ 744.00	\$ 48.50	\$ 323.50	\$ 755.04
Employee + Spouse Coverage	\$ 291.00	\$ 1,272.00	\$ 1,563.00	\$ 145.50	\$ 636.00	\$ 1,586.19
Employee + Child(ren) Coverage	\$ 266.00	\$ 1,148.00	\$ 1,414.00	\$ 133.00	\$ 574.00	\$ 1,434.98
Family Coverage	\$ 402.00	\$ 1,756.00	\$ 2,158.00	\$ 201.00	\$ 878.00	\$ 2,190.01
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 47.00	\$ 690.00	\$ 737.00	\$ 23.50	\$ 345.00	\$ 747.90
Employee + Spouse Coverage	\$ 193.00	\$ 1,356.00	\$ 1,549.00	\$ 96.50	\$ 678.00	\$ 1,571.91
Employee + Child(ren) Coverage	\$ 168.00	\$ 1,231.00	\$ 1,399.00	\$ 84.00	\$ 615.50	\$ 1,419.68
Family Coverage	\$ 298.00	\$ 1,842.00	\$ 2,140.00	\$ 149.00	\$ 921.00	\$ 2,171.65
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 28.00	\$ 681.00	\$ 709.00	\$ 14.00	\$ 340.50	\$ 719.34
Employee + Spouse Coverage	\$ 164.00	\$ 1,325.00	\$ 1,489.00	\$ 82.00	\$ 662.50	\$ 1,510.71
Employee + Child(ren) Coverage	\$ 148.00	\$ 1,199.00	\$ 1,347.00	\$ 74.00	\$ 599.50	\$ 1,366.64
Family Coverage	\$ 226.00	\$ 1,830.00	\$ 2,056.00	\$ 113.00	\$ 915.00	\$ 2,085.97

NON WELLNESS

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 127.00	\$ 617.00	\$ 744.00	\$ 63.50	\$ 308.50	\$ 755.04
Employee + Spouse Coverage	\$ 321.00	\$ 1,242.00	\$ 1,563.00	\$ 160.50	\$ 621.00	\$ 1,586.19
Employee + Child(ren) Coverage	\$ 296.00	\$ 1,118.00	\$ 1,414.00	\$ 148.00	\$ 559.00	\$ 1,434.98
Family Coverage	\$ 432.00	\$ 1,726.00	\$ 2,158.00	\$ 216.00	\$ 863.00	\$ 2,190.01
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 77.00	\$ 660.00	\$ 737.00	\$ 38.50	\$ 330.00	\$ 747.90
Employee + Spouse Coverage	\$ 223.00	\$ 1,326.00	\$ 1,549.00	\$ 111.50	\$ 663.00	\$ 1,571.91
Employee + Child(ren) Coverage	\$ 198.00	\$ 1,201.00	\$ 1,399.00	\$ 99.00	\$ 600.50	\$ 1,419.68
Family Coverage	\$ 328.00	\$ 1,812.00	\$ 2,140.00	\$ 164.00	\$ 906.00	\$ 2,171.65
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 58.00	\$ 651.00	\$ 709.00	\$ 29.00	\$ 325.50	\$ 719.34
Employee + Spouse Coverage	\$ 194.00	\$ 1,295.00	\$ 1,489.00	\$ 97.00	\$ 647.50	\$ 1,510.71
Employee + Child(ren) Coverage	\$ 178.00	\$ 1,169.00	\$ 1,347.00	\$ 89.00	\$ 584.50	\$ 1,366.64
Family Coverage	\$ 256.00	\$ 1,800.00	\$ 2,056.00	\$ 128.00	\$ 900.00	\$ 2,085.97

2019 Delta Dental Rates:	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 6.98	\$ 29.86	\$ 36.84	\$ 3.49	\$ 14.93	\$ 37.58
Employee + 1 dependent	\$ 48.84	\$ 29.86	\$ 78.70	\$ 24.42	\$ 14.93	\$ 80.27
Employee + 2 or more dependents	\$ 88.58	\$ 29.86	\$ 118.44	\$ 44.29	\$ 14.93	\$ 120.81

2019 Davis Vision Rates	Employee Pays	City Pays	Total	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 5.70	N/A	\$ 5.70	\$ 2.85	N/A	\$ 5.81
Employee + Spouse	\$ 11.42	N/A	\$ 11.42	\$ 5.71	N/A	\$ 11.65
Employee + Children	\$ 11.98	N/A	\$ 11.98	\$ 5.99	N/A	\$ 12.22
Family	\$ 16.70	N/A	\$ 16.70	\$ 8.35	N/A	\$ 17.03

2019 Health, Dental, Vision Rates - Tobacco

WELLNESS PARTICIPANT - Tobacco

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 152.00	\$ 592.00	\$ 744.00	\$ 76.00	\$ 296.00	\$ 755.04
Employee + Spouse Coverage	\$ 346.00	\$ 1,217.00	\$ 1,563.00	\$ 173.00	\$ 608.50	\$ 1,586.19
Employee + Child(ren) Coverage	\$ 321.00	\$ 1,093.00	\$ 1,414.00	\$ 160.50	\$ 546.50	\$ 1,434.98
Family Coverage	\$ 457.00	\$ 1,701.00	\$ 2,158.00	\$ 228.50	\$ 850.50	\$ 2,190.01
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 102.00	\$ 635.00	\$ 737.00	\$ 51.00	\$ 317.50	\$ 747.90
Employee + Spouse Coverage	\$ 248.00	\$ 1,301.00	\$ 1,549.00	\$ 124.00	\$ 650.50	\$ 1,571.91
Employee + Child(ren) Coverage	\$ 223.00	\$ 1,176.00	\$ 1,399.00	\$ 111.50	\$ 588.00	\$ 1,419.68
Family Coverage	\$ 353.00	\$ 1,787.00	\$ 2,140.00	\$ 176.50	\$ 893.50	\$ 2,171.65
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 83.00	\$ 626.00	\$ 709.00	\$ 41.50	\$ 313.00	\$ 719.34
Employee + Spouse Coverage	\$ 219.00	\$ 1,270.00	\$ 1,489.00	\$ 109.50	\$ 635.00	\$ 1,510.71
Employee + Child(ren) Coverage	\$ 203.00	\$ 1,144.00	\$ 1,347.00	\$ 101.50	\$ 572.00	\$ 1,366.64
Family Coverage	\$ 281.00	\$ 1,775.00	\$ 2,056.00	\$ 140.50	\$ 887.50	\$ 2,085.97

NON WELLNESS - Tobacco

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 182.00	\$ 562.00	\$ 744.00	\$ 91.00	\$ 281.00	\$ 755.04
Employee + Spouse Coverage	\$ 376.00	\$ 1,187.00	\$ 1,563.00	\$ 188.00	\$ 593.50	\$ 1,586.19
Employee + Child(ren) Coverage	\$ 351.00	\$ 1,063.00	\$ 1,414.00	\$ 175.50	\$ 531.50	\$ 1,434.98
Family Coverage	\$ 487.00	\$ 1,671.00	\$ 2,158.00	\$ 243.50	\$ 835.50	\$ 2,190.01
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 132.00	\$ 605.00	\$ 737.00	\$ 66.00	\$ 302.50	\$ 747.90
Employee + Spouse Coverage	\$ 278.00	\$ 1,271.00	\$ 1,549.00	\$ 139.00	\$ 635.50	\$ 1,571.91
Employee + Child(ren) Coverage	\$ 253.00	\$ 1,146.00	\$ 1,399.00	\$ 126.50	\$ 573.00	\$ 1,419.68
Family Coverage	\$ 383.00	\$ 1,757.00	\$ 2,140.00	\$ 191.50	\$ 878.50	\$ 2,171.65
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 113.00	\$ 596.00	\$ 709.00	\$ 56.50	\$ 298.00	\$ 719.34
Employee + Spouse Coverage	\$ 249.00	\$ 1,240.00	\$ 1,489.00	\$ 124.50	\$ 620.00	\$ 1,510.71
Employee + Child(ren) Coverage	\$ 233.00	\$ 1,114.00	\$ 1,347.00	\$ 116.50	\$ 557.00	\$ 1,366.64
Family Coverage	\$ 311.00	\$ 1,745.00	\$ 2,056.00	\$ 155.50	\$ 872.50	\$ 2,085.97

2019 Delta Dental Rates:	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 6.98	\$ 29.86	\$ 36.84	\$ 3.49	\$ 14.93	\$ 37.58
Employee + 1 dependent	\$ 48.84	\$ 29.86	\$ 78.70	\$ 24.42	\$ 14.93	\$ 80.27
Employee + 2 or more dependents	\$ 88.58	\$ 29.86	\$ 118.44	\$ 44.29	\$ 14.93	\$ 120.81

2019 Davis Vision Rates	Employee Pays	City Pays	Total	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 5.70	N/A	\$ 5.70	\$ 2.85	N/A	\$ 5.81
Employee + Spouse	\$ 11.42	N/A	\$ 11.42	\$ 5.71	N/A	\$ 11.65
Employee + Children	\$ 11.98	N/A	\$ 11.98	\$ 5.99	N/A	\$ 12.22
Family	\$ 16.70	N/A	\$ 16.70	\$ 8.35	N/A	\$ 17.03