

Monthly Insurance Premiums (July 1, 2021 - June 30, 2022) To be deducted over 20 pay periods (School Year) Crossing Guards

*Hired after July 2010

		City Monthly	Employee Monthly	Employee Per Pay
UHC - Choice	Monthly Premium	Payment	Payment	Period
Employee Only	\$777.77	\$311.11	\$622.22	\$311.11
Employee + Spouse	\$1,734.40	\$693.76	\$1,387.52	\$693.76
Employee + Child(ren)	\$1,454.40	\$581.76	\$1,163.52	\$581.76
Family	\$2,278.83	\$911.53	\$1,823.06	\$911.53

		City Monthly	Employee Monthly	Employee Per Pay
UHC - Choice Plus	Monthly Premium	Payment	Payment	Period
Employee Only	\$810.99	\$311.11	\$666.51	\$333.25
Employee + Spouse	\$1,808.51	\$693.76	\$1,486.33	\$743.17
Employee + Child(ren)	\$1,516.55	\$581.76	\$1,246.39	\$623.19
Family	\$2,376.18	\$911.53	\$1,952.86	\$976.43

		City Monthly	Employee Monthly	Employee Per Pay
UHC - HSAChoice	Monthly Premium	Payment	Payment	Period
Employee Only	\$564.34	\$311.11	\$337.64	\$168.82
Employee + Spouse	\$1,258.47	\$693.76	\$752.95	\$376.47
Employee + Child(ren)	\$1,055.31	\$581.76	\$631.40	\$315.70
Family	\$1,653.50	\$911.53	\$989.29	\$494.65

		City Monthly	Employee Monthly	
UHC - Dental Low	Monthly Premium	Payment	Payment	Period
Employee Only	\$23.54	\$9.42	\$18.83	\$9.42
Employee + Spouse	\$47.02	\$18.81	\$37.62	\$18.81
Employee + Child(ren)	\$47.02	\$18.81	\$37.62	\$18.81
Family	\$89.07	\$35.63	\$71.26	\$35.63

UHC - Dental High	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$40.72	\$9.42	\$41.74	\$20.87
Employee + Spouse	\$80.33	\$18.81	\$82.03	\$41.01
Employee + Child(ren)	\$80.33	\$18.81	\$82.03	\$41.01
Family	\$142.54	\$35.63	\$142.55	\$71.27

Ameritas Vision	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$6.32	\$2.53	\$5.06	\$2.53
Employee + Spouse	\$14.48	\$5.79	\$11.58	\$5.79
Employee + Child(ren)	\$12.36	\$4.94	\$9.89	\$4.94
Family	\$20.52	\$8.21	\$16.42	\$8.21