



THE CITY OF TAKOMA PARK

Monthly Insurance Premiums (July 1, 2021 - June 30, 2022)

Kaiser Exempt Employees

Kaiser - HMO 8	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$913.78	\$913.78	\$0.00	\$0.00
Employee + 1 Dependent	\$1,827.56	\$1,827.56	\$0.00	\$0.00
Employee + 2 or more	\$2,649.97	\$2,649.97	\$0.00	\$0.00

UHC - Dental Low	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$23.54	\$23.54	\$0.00	\$0.00
Employee + Spouse	\$47.02	\$47.02	\$0.00	\$0.00
Employee + Child(ren)	\$47.02	\$47.02	\$0.00	\$0.00
Family	\$89.07	\$89.07	\$0.00	\$0.00

UHC - Dental High	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$40.72	\$40.72	\$0.00	\$0.00
Employee + Spouse	\$80.33	\$80.33	\$0.00	\$0.00
Employee + Child(ren)	\$80.33	\$80.33	\$0.00	\$0.00
Family	\$142.54	\$142.54	\$0.00	\$0.00

Ameritas Vision	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$6.32	\$6.32	\$0.00	\$0.00
Employee + Spouse	\$14.48	\$14.48	\$0.00	\$0.00
Employee + Child(ren)	\$12.36	\$12.36	\$0.00	\$0.00
Family	\$20.52	\$20.52	\$0.00	\$0.00