



# THE CITY OF TAKOMA PARK

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

To be deducted over 20 pay periods (School Year)

Kaiser Grandfathered Crossing Guards

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	\$1,462.05	\$487.35	\$243.67
Employee + 2 or more	\$2,649.97	\$2,119.98	\$706.66	\$353.33

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	\$37.62	\$12.54	\$6.27
Employee + Child(ren)	\$47.02	\$37.62	\$12.54	\$6.27
Family	\$89.07	\$71.26	\$23.75	\$11.88

UHC - Dental High	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$40.72	\$23.54	\$22.91	\$11.45
Employee + Spouse	\$80.33	\$37.62	\$56.95	\$28.48
Employee + Child(ren)	\$80.33	\$37.62	\$56.95	\$28.48
Family	\$142.54	\$71.26	\$95.05	\$47.52

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	\$11.58	\$3.86	\$1.93
Employee + Child(ren)	\$12.36	\$9.89	\$3.30	\$1.65
Family	\$20.52	\$16.42	\$5.47	\$2.74