



THE CITY OF TAKOMA PARK

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

Kaiser Non-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	\$1,462.05	\$365.51	\$182.76
Employee + 2 or more	\$2,649.97	\$2,119.98	\$529.99	\$265.00

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	\$37.62	\$9.40	\$4.70
Employee + Child(ren)	\$47.02	\$37.62	\$9.40	\$4.70
Family	\$89.07	\$71.26	\$17.81	\$8.91

UHC - Dental High	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$40.72	\$23.54	\$17.18	\$8.59
Employee + Spouse	\$80.33	\$37.62	\$42.71	\$21.36
Employee + Child(ren)	\$80.33	\$37.62	\$42.71	\$21.36
Family	\$142.54	\$71.26	\$71.28	\$35.64

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	\$2.90	\$1.45
Employee + Child(ren)	\$12.36	\$9.89	\$2.47	\$1.24
Family	\$20.52	\$16.42	\$4.10	\$2.05