

Insurance Rate Resolution

Attachment A

**ACTIVE EMPLOYEES**  
**2020 BI-WEEKLY HEALTH INSURANCE RATES**  
**SURCHARGES AND DISCOUNTS MAY BE APPLIED TO THE RATES BELOW**

**Plan A (HDHP)**

	Total Premium	City Portion	City %	Employee Portion	Employee %
Employee Only	\$334.00	\$285.00	85%	\$49.00	15%
Employee/Spouse	\$772.00	\$660.00	85%	\$112.00	15%
Employee/Child(ren)	\$708.00	\$605.00	85%	\$103.00	15%
Employee/Family	\$1,158.00	\$990.00	85%	\$168.00	15%

**Plan B (PPO)**

	Total Premium	City Portion	City %	Employee Portion	Employee %
Employee Only	\$393.00	\$316.00	80%	\$77.00	20%
Employee/Spouse	\$908.00	\$730.00	80%	\$178.00	20%
Employee/Child(ren)	\$834.00	\$671.00	80%	\$163.00	20%
Employee/Family	\$1,362.00	\$1,096.00	80%	\$266.00	20%

**Dental**

	Total Premium	City Portion	City %	Employee Portion	Employee %
Employee Only	\$28.00	\$21.00	75%	\$7.00	25%
Employee/Spouse	\$52.00	\$39.00	75%	\$13.00	25%
Employee/Child(ren)	\$48.00	\$36.00	75%	\$12.00	25%
Employee/Family	\$72.00	\$54.00	75%	\$18.00	25%