

CITY OF COLUMBIA				
GROUP INSURANCE PPO PLAN - ACTIVE EMPLOYEE RATES				
\$750 DEDUCTIBLE (Effective 1/1/2018)				
Closed to new enrollments effective 1/1/2017				
2018 Medical Coverage	Gross Rate	City Contribution	EE Net Monthly Rate	EE Net Semi-Monthly Rate
Single	\$531.18	\$480.29	\$50.89	\$25.45
Single + Spouse	\$1,090.22	\$576.73	\$513.49	\$256.75
Single + Child(ren)	\$888.37	\$544.24	\$344.13	\$172.07
Full Family	\$1,553.63	\$712.85	\$840.78	\$420.39
2 City EE's Married/DP w/ full family coverage*	\$776.82	\$596.57	\$180.25	\$90.13
\$750 individual deductible \$2,250 family deductible				
* = cost per employee				
CITY OF COLUMBIA				
GROUP INSURANCE PPO PLAN - ACTIVE EMPLOYEE RATES				
\$1500 DEDUCTIBLE (Effective 1/1/2018)				
2018 Medical Coverage	Gross Rate	City Contribution	EE Net Monthly Rate	EE Net Semi-Monthly Rate
Single	\$496.87	\$480.29	\$16.58	\$8.29
Single + Spouse	\$948.36	\$576.73	\$371.63	\$185.82
Single + Child(ren)	\$774.18	\$544.24	\$229.94	\$114.97
Full Family	\$1,342.64	\$712.85	\$629.79	\$314.90
2 City EE's Married/DP w/ full family coverage*	\$671.32	\$596.57	\$74.75	\$37.38
\$1,500 individual deductible \$4,500 family deductible				
* = cost per employee				
CITY OF COLUMBIA				
GROUP INSURANCE HDHP W/HSA PLAN - ACTIVE EMPLOYEE RATES				
\$2700 DEDUCTIBLE (Effective 1/1/2018)				
2018 Medical Coverage	Gross Rate	City Contribution	EE Net Monthly Rate	EE Net Semi-Monthly Rate
Single (Employer Paid)	\$480.29	\$480.29	\$0.00	\$0.00
Single + Spouse	\$916.73	\$576.73	\$340.00	\$170.00
Single + Child(ren)	\$748.44	\$544.24	\$204.20	\$102.10
Full Family	\$1,297.64	\$712.85	\$584.79	\$292.40
2 City EE's Married/DP w/ full family coverage*	\$648.82	\$596.57	\$52.25	\$26.13
\$2,700 individual deductible \$5,400 family deductible				
City H.S.A. Contribution: \$62.50 Semi-Monthly individual \$125 Semi-Monthly family				
* = cost per employee				