



2017 Monthly Health Care Premium Rate

	Total Premium	Employer Paid	Employee Premium
<b>Group Health PPO</b>			
<b>City Paid Spouse - #8157500/8157600</b>			
Employee Only	668.43	668.43	0
Employee & Spouse	1336.84	1270.00	66.84
Employee, Spouse & Child	1675.33	1574.64	100.69
Employee, Spouse & Children	2013.84	1879.30	134.54
Employee & Child	1006.92	973.07	33.85
Employee & Children	1345.43	1277.73	67.70
<b>Group Health PPO</b>			
<b>Employee Paid Spouse</b>			
Employee & Spouse	1336.84	668.43	668.41
Employee, Spouse & Child	1675.33	973.07	702.26
Employee, Spouse & Children	2013.84	1277.73	736.11
<b>Group Health HMO</b>			
<b>City Paid Spouse - #1472000/1530000</b>			
Employee Only	634.45	634.45	0
Employee & Spouse	1268.90	1205.46	63.44
Employee, Spouse & Child	1590.20	1494.63	95.57
Employee, Spouse & Children	1911.50	1783.80	127.70
Employee & Child	955.75	923.62	32.13
Employee & Children	1277.05	1212.79	64.26
<b>Group Health HMO</b>			
<b>Employee Paid Spouse</b>			
Employee & Spouse	1268.90	634.45	634.45
Employee, Spouse & Child	1590.20	923.62	666.58
Employee, Spouse & Children	1911.50	1212.79	698.71
<b>Washington Dental Service - Plan F</b>			
Employee	54.79	54.79	0
Employee + 1	103.63	103.63	0
Employee + 2	162.21	162.21	0
<b>Vision Service Plan (\$25/deductible)</b>			
Employee	7.96	7.96	0
Employee +1	15.92	15.92	0
Employee +2	23.88	23.88	0
<b>Employee Assistance Program</b>	1.49	1.49	0