

**Fiscal Year 2021
Health and Dental Rates Effective 7/1/2020**

Click the applicable group name below to access current rates and eligible plans
AFSCME DPW Parks Fleet Health
School Nurses
Airport Teamsters
IAFF-Fire
Library Teamsters
MAFS-Fire
MPPA & MAPS-Police
Non-Affiliated
PDSS-Police Support Staff
USWAA-Water Works
Welfare Teamsters

AFSCME-DPW, Parks, Fleet, Health

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Employees with Dates of Hire **PRIOR TO 5/1/12**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
100 HMO-SOS 83%/17%	Single	34.61	168.98	203.58
	Two	69.56	339.64	409.20
	Family	93.10	454.53	547.63
100 POS-SOS 83%/17%	Single	49.98	244.02	294.00
	Two	100.46	490.48	590.94
	Family	134.45	656.41	790.86
HDHP With HSA 83%/17%	Single	32.26	157.49	189.75
	Two	64.67	315.76	380.44
	Family	83.20	406.19	489.39
HDHP Without HSA 83%/17%	Single	27.24	132.98	160.22
	Two	54.75	267.31	322.07
	Family	73.27	357.74	431.02

Employees With Dates of Hire **AFTER 5/1/12**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 HMO-SOS 80% / 20%	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
250 POS-SOS 80% / 20%	Single	57.77	231.08	288.85
	Two	116.12	464.46	580.58
	Family	155.40	621.59	776.99
HDHP With HSA 80% / 20%	Single	37.95	151.80	189.75
	Two	76.09	304.35	380.44
	Family	97.88	391.51	489.39
HDHP Without HSA 80% / 20%	Single	32.04	128.18	160.22
	Two	64.41	257.65	322.07
	Family	86.20	344.81	431.02

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.41	18.13
	Family	5.23	29.60	34.83
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.50	18.13
	Family	6.97	27.86	34.82

AFSCME-School Nurses

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Employees with dates of Hire **PRIOR TO 5/1/12**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
100 HMO-SOS 83%/17%	Single	41.85	204.34	246.20
	Two	84.12	410.72	494.85
	Family	112.58	549.67	662.25
100 POS-SOS 83%/17%	Single	60.44	295.09	355.53
	Two	121.49	593.14	714.62
	Family	162.59	793.80	956.38
HDHP With HSA 83%/17%	Single	39.01	190.45	229.46
	Two	78.21	381.85	460.07
	Family	100.61	491.21	591.82
HDHP Without HSA 83%/17%	Single	32.94	160.82	193.76
	Two	66.21	323.26	389.48
	Family	88.61	432.62	521.23

Employees with dates of hire **AFTER 5/1/12**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 HMO-SOS 80% / 20%	Single	48.39	193.56	241.95
	Two	97.26	389.05	486.32
	Family	130.16	520.66	650.82
250 POS-SOS 80% / 20%	Single	69.86	279.44	349.31
	Two	140.42	561.68	702.10
	Family	187.92	751.70	939.62
HDHP With HSA 80% / 20%	Single	45.89	183.57	229.46
	Two	92.01	368.05	460.07
	Family	118.36	473.46	591.82
HDHP Without HSA 80% / 20%	Single	38.75	155.00	193.76
	Two	77.90	311.58	389.48
	Family	104.25	416.98	521.23

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.70	9.61	11.30
	Two	3.29	18.64	21.93
	Family	6.32	35.81	42.13

Airport Teamsters

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Employees with Dates of hire **Prior** to 3/6/12

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
SOS 250 84%/16%	Single	32.01	168.06	200.07
	Two	64.34	337.80	402.15
	Family	86.11	452.07	538.18
HDHP With HSA 84%/16%	Single	30.36	159.39	189.75
	Two	60.87	319.57	380.44
	Family	78.30	411.09	489.39
HDHP Without HSA 84%/16%	Single	25.64	134.59	160.22
	Two	51.53	270.54	322.07
	Family	68.96	362.05	431.02

Employees with Dates of Hire **AFTER** 3/6/12

Employees hired on or after 7/1/2019 are limited to the HDHP

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
SOS 250 80% / 20%	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
HDHP With HSA 80% / 20%	Single	37.95	151.80	189.75
	Two	76.09	304.35	380.44
	Family	97.88	391.51	489.39
HDHP Without HSA 80% / 20%	Single	32.04	128.18	160.22
	Two	64.41	257.65	322.07
	Family	86.20	344.81	431.02

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.41	18.13
	Family	5.23	29.60	34.83
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.50	18.13
	Family	6.97	27.86	34.82

IAFF-Firefighters

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Dates of Hire **PRIOR TO 3/6/12**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 SOS 85% / 15%	Single	30.01	170.06	200.07
	Two	60.32	341.82	402.15
	Family	80.73	457.45	538.18
POS 250 SOS 85% / 15%	Single	44.10	249.90	294.00
	Two	88.64	502.30	590.94
	Family	118.63	672.23	790.86
HDHP With HSA 85% / 15%	Single	28.46	161.29	189.75
	Two	57.07	323.37	380.44
	Family	73.41	415.98	489.39
HDHP Without HSA 85% / 15%	Single	24.03	136.19	160.22
	Two	48.31	273.76	322.07
	Family	64.65	366.36	431.02

Dates of Hire **AFTER 3/6/2012**

Employees hired on or after 9/26/2018 are limited to the HDHP

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 SOS 80%/20%	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
POS 250 SOS 80% / 20%	Single	57.77	231.08	288.85
	Two	116.12	464.46	580.58
	Family	155.40	621.59	776.99
HDHP With HSA 80% / 20%	Single	37.95	151.80	189.75
	Two	76.09	304.35	380.44
	Family	97.88	391.51	489.39
HDHP Without HSA 80% / 20%	Single	32.04	128.18	160.22
	Two	64.41	257.65	322.07
	Family	86.20	344.81	431.02

Site of Service Rates for **IAFF** employees hired **after 9/26/18**

who switch

from H S A to SOS after probation period is satisfied

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 250 SOS	Single	48.27	151.80	200.07
	Two	97.79	304.35	402.15
	Family	146.67	391.51	538.18
POS 250 SOS	Single	137.05	151.80	288.85
	Two	276.23	304.35	580.58
	Family	385.48	391.51	776.99

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.42	18.14
	Family	5.23	29.62	34.85
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.51	18.14
	Family	6.97	27.87	34.83

Library Teamsters

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Employees with dates of Hire **PRIOR TO 3/6/12**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
SOS250 85% / 15%	Single	30.01	170.06	200.07
	Two	60.32	341.82	402.15
	Family	80.73	457.45	538.18
HDHP With HSA 85% / 15%	Single	28.46	161.29	189.75
	Two	57.07	323.37	380.44
	Family	73.41	415.98	489.39
HDHP Without HSA 85% / 15%	Single	24.03	136.19	160.22
	Two	48.31	273.76	322.07
	Family	64.65	366.36	431.02

Employees with Dates of Hire **AFTER 3/6/2012**

Employees hired on or after 3/1/2020 are limited to the HDHP

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
SOS 250 80% / 20%	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
HDHP With HSA	Single	37.95	151.80	189.75
	Two	76.09	304.35	380.44
	Family	97.88	391.51	489.39
HDHP Without HSA 80% / 20%	Single	32.04	128.18	160.22
	Two	64.41	257.65	322.07
	Family	86.20	344.81	431.02

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.42	18.14
	Family	5.23	29.62	34.85
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.51	18.14
	Family	6.97	27.87	34.83

MAFS-Fire Supervisors

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Dates of Hire **PRIOR TO 3/6/2012**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 250 SOS 85% / 15%	Single	30.01	170.06	200.07
	Two	60.32	341.82	402.15
	Family	80.73	457.45	538.18
POS 250 SOS 85% / 15%	Single	44.10	249.90	294.00
	Two	88.64	502.30	590.94
	Family	118.63	672.23	790.86
HDHP With HSA 85% / 15%	Single	28.46	161.29	189.75
	Two	57.07	323.37	380.44
	Family	73.41	415.98	489.39
HDHP Without HSA 85% / 15%	Single	24.03	136.19	160.22
	Two	48.31	273.76	322.07
	Family	64.65	366.36	431.02

Employees with Dates of Hire **AFTER 3/6/2012**

Employees hired on or after 9/26/2018 are limited to the HDHP

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 250 SOS Dates of hire AFTER 5/1/12	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
POS 250 SOS 80% / 20%	Single	57.77	231.08	288.85
	Two	116.12	464.46	580.58
	Family	155.40	621.59	776.99
HDHP With HSA 80% / 20%	Single	37.95	151.80	189.75
	Two	76.09	304.35	380.44
	Family	97.88	391.51	489.39
HDHP Without HSA 80% / 20%	Single	32.04	128.18	160.22
	Two	64.41	257.65	322.07
	Family	86.20	344.81	431.02

Site of Service Rates for **MAFS** employees hired **after 9/26/18**

who

switch from H S A to SOS after probation period is satisfied

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 250 SOS 80% / 20%	Single	48.27	151.80	200.07
	Two	97.79	304.35	402.15
	Family	146.67	391.51	538.18
POS 250 SOS 80% / 20%	Single	127.35	151.80	279.15
	Two	256.75	304.35	561.10
	Family	359.40	391.51	750.91

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.42	18.14
	Family	5.23	29.62	34.85
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.51	18.14
	Family	6.97	27.87	34.83

MPPA and MAPS-Police

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Employees with Dates of Hire **PRIOR TO 2/7/12**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 SOS 84% / 16%	Single	32.01	168.06	200.07
	Two	64.34	337.80	402.15
	Family	86.11	452.07	538.18
HDHP With HSA 84% / 16%	Single	30.36	159.39	189.75
	Two	60.87	319.57	380.44
	Family	78.30	411.09	489.39
HDHP Without HSA 84% / 16%	Single	25.64	134.59	160.22
	Two	51.53	270.54	322.07
	Family	68.96	362.05	431.02

Employees with Dates of Hire **AFTER 2/7/12**

Employees hired on or after 7/1/2019 are limited to the HDHP

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 SOS 80% / 20%	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
HDHP With HSA 80% / 20%	Single	37.95	151.80	189.75
	Two	76.09	304.35	380.44
	Family	97.88	391.51	489.39
HDHP Without HSA 80% / 20%	Single	32.04	128.18	160.22
	Two	64.41	257.65	322.07
	Family	86.20	344.81	431.02

Site of Service Rates for **MPPA** employees hired **after 7/1/2019**

who

switch from H S A to SOS after probation period is satisfied

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 250 SOS	Single	48.27	151.80	200.07
	Two	97.79	304.35	402.15
	Family	146.67	391.51	538.18

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.41	18.13
	Family	5.23	29.60	34.83
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.50	18.13
	Family	6.97	27.86	34.82

Non-Affiliated

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Employees with dates of Hire **PRIOR TO 3/6/12**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 HMO-SOS 84%/16%	Single	32.01	168.06	200.07
	Two	64.34	337.80	402.15
	Family	86.11	452.07	538.18
POS 84%/16%	Single	48.50	254.60	303.09
	Two	97.47	511.74	609.21
	Family	130.45	684.86	815.31
HDHP With HSA 84%/16%	Single	30.36	159.39	189.75
	Two	60.87	319.57	380.44
	Family	78.30	411.09	489.39
HDHP Without HSA 84%/16%	Single	25.64	134.59	160.22
	Two	51.53	270.54	322.07
	Family	68.96	362.05	431.02

Employees with dates of Hire **AFTER 3/6/12**

Employees hired on or after 7/1/2018 are limited to the HDHP

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 HMO-SOS 80% / 20%	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
250 POS 80% / 20%	Single	59.60	238.40	297.99
	Two	119.80	479.19	598.98
	Family	160.32	641.29	801.62
HDHP With HSA 80% / 20%	Single	37.95	151.80	189.75
	Two	76.09	304.35	380.44
	Family	97.88	391.51	489.39
HDHP Without HSA 80% / 20%	Single	32.04	128.18	160.22
	Two	64.41	257.65	322.07
	Family	86.20	344.81	431.02

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.41	18.13
	Family	5.23	29.60	34.83
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.50	18.13
	Family	6.97	27.86	34.82

PDSS-Police Support Staff

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Employees with dates of Hire **PRIOR TO** 10/15/2013

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 SOS 84%/16%	Single	32.01	168.06	200.07
	Two	64.34	337.80	402.15
	Family	86.11	452.07	538.18
HDHP With HSA 84%/16%	Single	30.36	159.39	189.75
	Two	60.87	319.57	380.44
	Family	78.30	411.09	489.39
HDHP Without HSA 84%/16%	Single	25.64	134.59	160.22
	Two	51.53	270.54	322.07
	Family	68.96	362.05	431.02

Employees with Dates of Hire **AFTER** 10/15/2013

Employees hired on or after 7/1/2019 are limited to the HDHP

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 SOS 80% / 20%	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
HDHP With HSA 80% / 20%	Single	37.95	151.80	189.75
	Two	76.09	304.35	380.44
	Family	97.88	391.51	489.39
HDHP Without HSA 80% / 20%	Single	32.04	128.18	160.22
	Two	64.41	257.65	322.07
	Family	86.20	344.81	431.02

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.41	18.13
	Family	5.23	29.60	34.83
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.50	18.13
	Family	6.97	27.86	34.82

USWAA-Water Works

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Employees with dates of Hire **PRIOR TO 7/31/13**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 250 SOS 82.5% / 17.5%	Single	35.01	165.06	200.07
	Two	70.38	331.77	402.15
	Family	94.18	444.00	538.18
POS 82.5% / 17.5%	Single	53.04	250.05	303.09
	Two	106.61	502.60	609.21
	Family	142.68	672.63	815.31
HDHP With HSA 85% / 15%	Single	28.46	161.29	189.75
	Two	57.07	323.37	380.44
	Family	73.41	415.98	489.39
HDHP Without HSA 85% / 15%	Single	24.03	136.19	160.22
	Two	48.31	273.76	322.07
	Family	64.65	366.36	431.02

Employees with Dates of Hire **AFTER 7/31/2013**

Employees hired on or after 7/1/2019 are limited to the HDHP

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 250 SOS 80% / 20%	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
POS 250 80% / 20%	Single	59.60	238.40	297.99
	Two	119.80	479.19	598.98
	Family	160.32	641.29	801.62
HDHP With HSA 80% / 20%	Single	37.95	151.80	189.75
	Two	76.09	304.35	380.44
	Family	97.88	391.51	489.39
HDHP Without HSA 80% / 20%	Single	32.04	128.18	160.22
	Two	64.41	257.65	322.07
	Family	86.20	344.81	431.02

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.41	18.13
	Family	5.23	29.60	34.83
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.50	18.13
	Family	6.97	27.86	34.82

Welfare Teamsters

WEEKLY HEALTH AND DENTAL INSURANCE RATES EFFECTIVE 7/1/2020

Employees with dates of Hire **PRIOR TO 6/5/2012**

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 HMO-SOS 84%/16%	Single	32.01	168.06	200.07
	Two	64.34	337.80	402.15
	Family	86.11	452.07	538.18
100 POS 84%/16%	Single	48.50	254.60	303.09
	Two	97.47	511.74	609.21
	Family	130.45	684.86	815.31
HDHP With HSA 84%/16%	Single	30.36	159.39	189.75
	Two	60.87	319.57	380.44
	Family	78.30	411.09	489.39
HDHP Without HSA 84%/16%	Single	25.64	134.59	160.22
	Two	51.53	270.54	322.07
	Family	68.96	362.05	431.02

Employees with dates of Hire **AFTER 6/5/2012**

Employees hired on or after 07/01/2018 are limited to the HDHP

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
250 HMO-SOS 80% / 20%	Single	40.01	160.06	200.07
	Two	80.43	321.72	402.15
	Family	107.64	430.55	538.18
250 POS 80% / 20%	Single	59.60	238.40	297.99
	Two	119.80	479.19	598.98
	Family	160.32	641.29	801.62
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	Family	97.88	391.51	489.39
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	Two	64.41	257.65	322.07
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		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
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	Two	2.72	15.41	18.13
	Family	5.23	29.60	34.83
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	Two	3.63	14.50	18.13
	Family	6.97	27.86	34.82

