



# Public Safety Bargaining Unit Medical Insurance Rates

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## BCBS Healthmate Coast-to-Coast and UnitedHealth Care Choice Plus

Monthly Contributions for Full Time Staff \* (1300 + hrs per year)

<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$98.28	\$191.60	\$224.66	\$270.62

Monthly Contributions for Part Time Staff \* (975 - 1299 hrs per year)

<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$395.98	\$772.02	\$905.20	\$1,090.41

Monthly Contributions for Half Time Staff \* (less than 975 hrs per year)

<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$791.97	\$1,544.06	\$1,810.41	\$2,180.83

Monthly Contributions for COBRA Coverage

<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$807.81	\$1,574.94	\$1,846.62	\$2,224.45

## Delta Dental Insurance

Monthly Contributions for Full Time Staff \* (1300 + hrs per year)

	<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee + 2 or More</i>
Comprehensive Plan	\$18.29	\$48.15	\$84.77
Plus Plan	\$27.58	\$72.74	\$122.87

Monthly Contributions for Part Time Staff \* (975 - 1299 hrs per year)

	<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee + 2 or More</i>
Comprehensive Plan	\$27.44	\$57.30	\$93.92
Plus Plan	\$36.73	\$81.89	\$132.02

Monthly Contributions for Half Time Staff \* (less than 975 hrs per year)

	<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee + 2 or More</i>
Comprehensive Plan	\$36.59	\$66.45	\$103.07
Plus Plan	\$45.88	\$91.04	\$141.17

Monthly Contributions for COBRA Coverage

	<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee + 2 or More</i>
Comprehensive Plan	\$37.32	\$67.78	\$105.13
Plus Plan	\$46.80	\$92.86	\$143.99

## VSP Vision Insurance

Monthly Contributions for all Staff\*

<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee +2 or More</i>
\$6.60	\$13.24	\$21.26

Monthly Contributions for coverage under COBRA

<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee +2 or More</i>
\$6.73	\$13.50	\$21.69

\* Note - Divide by four if you are paid weekly to determine your contribution per paycheck.