



**Health Benefit Rates**  
Valid 10/01/21 through 09/30/22

	Coverage Type	Employee Contribution		City Contribution
		Bi-Weekly	Monthly	Monthly
Medical Coverage (TML)	Employee Only	\$ -	\$ -	\$ 546.08
	Children	\$ 202.50	\$ 405.00	\$ 10.00
	Spouse	\$ 276.24	\$ 552.48	\$ 10.00
	Family	\$ 527.40	\$ 1,054.80	\$ 10.00
Vision Coverage (TML)	Employee Only	\$ -	\$ -	\$ 6.79
	Family	\$ 5.26	\$ 10.51	\$ -
Dental Coverage (Blue Cross Blue Shield)	Employee Only	\$ -	\$ -	\$ 29.77
	Children	\$ 19.91	\$ 39.81	\$ -
	Spouse	\$ 16.65	\$ 33.30	\$ -
	Family	\$ 38.65	\$ 77.29	\$ -

*Note: 30 day waiting period for employee and dependents*