



Health Benefit Rates

Valid 10/01/18 through 09/30/19

	Coverage Type	Employee Contribution		City Contribution
		Bi-Weekly	Monthly	Monthly
Medical Coverage (TML)	Employee Only	\$ -	\$ -	\$ 513.78
	Children	\$ 185.67	\$ 371.34	\$ 10.00
	Spouse	\$ 341.81	\$ 683.62	\$ 10.00
	Family	\$ 538.49	\$ 1,076.98	\$ 10.00
Vision Coverage (TML)	Employee Only	\$ -	\$ -	\$ 6.76
	Family	\$ 6.75	\$ 13.50	\$ -
Dental Coverage (Blue Cross/Blue Shield)	Employee Only	\$ -	\$ -	\$ 29.77
	Children	\$ 19.91	\$ 39.82	\$ -
	Spouse	\$ 16.65	\$ 33.30	\$ -
	Family	\$ 38.65	\$ 77.30	\$ -

Note: 30 day waiting period for employee and dependents