



## Health Benefit Rates

Valid 10/01/19 through 09/30/20

	Coverage Type	Employee Contribution		City Contribution
		Bi-Weekly	Monthly	Monthly
Medical Coverage (TML)	Employee Only	\$ -	\$ -	\$ 544.62
	Children	\$ 201.95	\$ 403.90	\$ 10.00
	Spouse	\$ 275.48	\$ 550.96	\$ 10.00
	Family	\$ 525.99	\$ 1,051.98	\$ 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*