

2021 Health, Dental, Vision Rates - Non Tobacco

Blue Select Plus Network

WELLNESS PARTICIPANT

Blue Select Plus Network

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 86.00	\$ 658.00	\$ 744.00	\$ 43.00	\$ 329.00	\$ 755.90
Employee + Spouse Coverage	\$ 268.00	\$ 1,295.00	\$ 1,563.00	\$ 134.00	\$ 647.50	\$ 1,588.00
Employee + Child(ren) Coverage	\$ 245.00	\$ 1,169.00	\$ 1,414.00	\$ 122.50	\$ 584.50	\$ 1,436.61
Family Coverage	\$ 369.00	\$ 1,789.00	\$ 2,158.00	\$ 184.50	\$ 894.50	\$ 2,192.52
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 37.00	\$ 700.00	\$ 737.00	\$ 18.50	\$ 350.00	\$ 748.76
Employee + Spouse Coverage	\$ 170.00	\$ 1,380.00	\$ 1,550.00	\$ 85.00	\$ 690.00	\$ 1,574.74
Employee + Child(ren) Coverage	\$ 147.00	\$ 1,251.00	\$ 1,398.00	\$ 73.50	\$ 625.50	\$ 1,420.29
Family Coverage	\$ 266.00	\$ 1,877.00	\$ 2,143.00	\$ 133.00	\$ 938.50	\$ 2,177.22
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 18.00	\$ 691.00	\$ 709.00	\$ 9.00	\$ 345.50	\$ 720.20
Employee + Spouse Coverage	\$ 142.00	\$ 1,348.00	\$ 1,490.00	\$ 71.00	\$ 674.00	\$ 1,513.54
Employee + Child(ren) Coverage	\$ 127.00	\$ 1,219.00	\$ 1,346.00	\$ 63.50	\$ 609.50	\$ 1,367.25
Family Coverage	\$ 195.00	\$ 1,863.00	\$ 2,058.00	\$ 97.50	\$ 931.50	\$ 2,090.52

NON WELLNESS

Blue Select Plus Network

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 141.00	\$ 603.00	\$ 744.00	\$ 70.50	\$ 301.50	\$ 755.90
Employee + Spouse Coverage	\$ 323.00	\$ 1,240.00	\$ 1,563.00	\$ 161.50	\$ 620.00	\$ 1,588.00
Employee + Child(ren) Coverage	\$ 300.00	\$ 1,114.00	\$ 1,414.00	\$ 150.00	\$ 557.00	\$ 1,436.61
Family Coverage	\$ 424.00	\$ 1,734.00	\$ 2,158.00	\$ 212.00	\$ 867.00	\$ 2,192.52
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 92.00	\$ 645.00	\$ 737.00	\$ 46.00	\$ 322.50	\$ 748.76
Employee + Spouse Coverage	\$ 225.00	\$ 1,325.00	\$ 1,550.00	\$ 112.50	\$ 662.50	\$ 1,574.74
Employee + Child(ren) Coverage	\$ 202.00	\$ 1,196.00	\$ 1,398.00	\$ 101.00	\$ 598.00	\$ 1,420.29
Family Coverage	\$ 321.00	\$ 1,822.00	\$ 2,143.00	\$ 160.50	\$ 911.00	\$ 2,177.22
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 73.00	\$ 636.00	\$ 709.00	\$ 36.50	\$ 318.00	\$ 720.20
Employee + Spouse Coverage	\$ 197.00	\$ 1,293.00	\$ 1,490.00	\$ 98.50	\$ 646.50	\$ 1,513.54
Employee + Child(ren) Coverage	\$ 182.00	\$ 1,164.00	\$ 1,346.00	\$ 91.00	\$ 582.00	\$ 1,367.25
Family Coverage	\$ 250.00	\$ 1,808.00	\$ 2,058.00	\$ 125.00	\$ 904.00	\$ 2,090.52

2021 Delta Dental Rates:	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 6.28	\$30.00	\$ 36.28	\$ 3.14	\$ 15.00	\$ 37.01
Employee + 1 dependent	\$ 39.72	\$37.80	\$ 77.52	\$ 19.86	\$ 18.90	\$ 79.07
Employee + 2 or more dependents	\$ 66.68	\$49.98	\$ 116.66	\$ 33.34	\$ 24.99	\$ 118.99

2021 Davis Vision Rates	Employee Pays	City Pays	Total	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 5.70	N/A	\$ 5.70	\$ 2.85	N/A	\$ 5.81
Employee + Spouse	\$ 11.42	N/A	\$ 11.42	\$ 5.71	N/A	\$ 11.65
Employee + Children	\$ 11.98	N/A	\$ 11.98	\$ 5.99	N/A	\$ 12.22
Family	\$ 16.70	N/A	\$ 16.70	\$ 8.35	N/A	\$ 17.03

2021 Health, Dental, Vision Rates - Tobacco

WELLNESS PARTICIPANT - Tobacco

Blue Select Plus Network

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 141.00	\$ 592.00	\$ 733.00	\$ 70.50	\$ 296.00	\$ 755.90
Employee + Spouse Coverage	\$ 323.00	\$ 1,217.00	\$ 1,540.00	\$ 161.50	\$ 608.50	\$ 1,588.00
Employee + Child(ren) Coverage	\$ 300.00	\$ 1,093.00	\$ 1,393.00	\$ 150.00	\$ 546.50	\$ 1,436.61
Family Coverage	\$ 424.00	\$ 1,702.00	\$ 2,126.00	\$ 212.00	\$ 851.00	\$ 2,192.52
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 92.00	\$ 634.00	\$ 726.00	\$ 46.00	\$ 317.00	\$ 748.76
Employee + Spouse Coverage	\$ 225.00	\$ 1,302.00	\$ 1,527.00	\$ 112.50	\$ 651.00	\$ 1,574.74
Employee + Child(ren) Coverage	\$ 202.00	\$ 1,175.00	\$ 1,377.00	\$ 101.00	\$ 587.50	\$ 1,420.29
Family Coverage	\$ 321.00	\$ 1,790.00	\$ 2,111.00	\$ 160.50	\$ 895.00	\$ 2,177.22
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 73.00	\$ 626.00	\$ 699.00	\$ 36.50	\$ 313.00	\$ 720.20
Employee + Spouse Coverage	\$ 197.00	\$ 1,271.00	\$ 1,468.00	\$ 98.50	\$ 635.50	\$ 1,513.54
Employee + Child(ren) Coverage	\$ 182.00	\$ 1,144.00	\$ 1,326.00	\$ 91.00	\$ 572.00	\$ 1,367.25
Family Coverage	\$ 250.00	\$ 1,778.00	\$ 2,028.00	\$ 125.00	\$ 889.00	\$ 2,090.52

NON WELLNESS - Tobacco

Blue Select Plus Network

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 196.00	\$ 537.00	\$ 733.00	\$ 98.00	\$ 268.50	\$ 755.90
Employee + Spouse Coverage	\$ 378.00	\$ 1,162.00	\$ 1,540.00	\$ 189.00	\$ 581.00	\$ 1,588.00
Employee + Child(ren) Coverage	\$ 355.00	\$ 1,038.00	\$ 1,393.00	\$ 177.50	\$ 519.00	\$ 1,436.61
Family Coverage	\$ 479.00	\$ 1,647.00	\$ 2,126.00	\$ 239.50	\$ 823.50	\$ 2,192.52
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 147.00	\$ 579.00	\$ 726.00	\$ 73.50	\$ 289.50	\$ 748.76
Employee + Spouse Coverage	\$ 280.00	\$ 1,247.00	\$ 1,527.00	\$ 140.00	\$ 623.50	\$ 1,574.74
Employee + Child(ren) Coverage	\$ 257.00	\$ 1,120.00	\$ 1,377.00	\$ 128.50	\$ 560.00	\$ 1,420.29
Family Coverage	\$ 376.00	\$ 1,735.00	\$ 2,111.00	\$ 188.00	\$ 867.50	\$ 2,177.22
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 128.00	\$ 571.00	\$ 699.00	\$ 64.00	\$ 285.50	\$ 720.20
Employee + Spouse Coverage	\$ 252.00	\$ 1,216.00	\$ 1,468.00	\$ 126.00	\$ 608.00	\$ 1,513.54
Employee + Child(ren) Coverage	\$ 237.00	\$ 1,089.00	\$ 1,326.00	\$ 118.50	\$ 544.50	\$ 1,367.25
Family Coverage	\$ 305.00	\$ 1,723.00	\$ 2,028.00	\$ 152.50	\$ 861.50	\$ 2,090.52

2021 Delta Dental Rates:	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 6.28	\$30.00	\$ 36.28	\$ 3.14	\$ 15.00	\$ 37.01
Employee + 1 dependent	\$ 39.72	\$37.80	\$ 77.52	\$ 19.86	\$ 18.90	\$ 79.07
Employee + 2 or more dependents	\$ 66.68	\$49.98	\$ 116.66	\$ 33.34	\$ 24.99	\$ 118.99

2021 Davis Vision Rates	Employee Pays	City Pays	Total	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 5.70	N/A	\$ 5.70	\$ 2.85	N/A	\$ 5.81
Employee + Spouse	\$ 11.42	N/A	\$ 11.42	\$ 5.71	N/A	\$ 11.65
Employee + Children	\$ 11.98	N/A	\$ 11.98	\$ 5.99	N/A	\$ 12.22
Family	\$ 16.70	N/A	\$ 16.70	\$ 8.35	N/A	\$ 17.03

2021 Health, Dental, Vision Rates - Non Tobacco

Preferred-Care Blue Network

WELLNESS PARTICIPANT						
<i>Preferred-Care Blue Network</i>						
Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 103.00	\$ 681.00	\$ 784.00	\$ 51.50	\$ 340.50	\$ 796.70
Employee + Spouse Coverage	\$ 307.00	\$ 1,338.00	\$ 1,645.00	\$ 153.50	\$ 669.00	\$ 1,671.64
Employee + Child(ren) Coverage	\$ 280.00	\$ 1,209.00	\$ 1,489.00	\$ 140.00	\$ 604.50	\$ 1,513.11
Family Coverage	\$ 423.00	\$ 1,849.00	\$ 2,272.00	\$ 211.50	\$ 924.50	\$ 2,308.80
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 50.00	\$ 725.00	\$ 775.00	\$ 25.00	\$ 362.50	\$ 787.52
Employee + Spouse Coverage	\$ 203.00	\$ 1,428.00	\$ 1,631.00	\$ 101.50	\$ 714.00	\$ 1,657.36
Employee + Child(ren) Coverage	\$ 177.00	\$ 1,294.00	\$ 1,471.00	\$ 88.50	\$ 647.00	\$ 1,494.75
Family Coverage	\$ 314.00	\$ 1,941.00	\$ 2,255.00	\$ 157.00	\$ 970.50	\$ 2,291.46
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 30.00	\$ 716.00	\$ 746.00	\$ 15.00	\$ 358.00	\$ 757.94
Employee + Spouse Coverage	\$ 173.00	\$ 1,394.00	\$ 1,567.00	\$ 86.50	\$ 697.00	\$ 1,592.08
Employee + Child(ren) Coverage	\$ 155.00	\$ 1,263.00	\$ 1,418.00	\$ 77.50	\$ 631.50	\$ 1,440.69
Family Coverage	\$ 238.00	\$ 1,926.00	\$ 2,164.00	\$ 119.00	\$ 963.00	\$ 2,198.64

NON WELLNESS						
<i>Preferred-Care Blue Network</i>						
Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 158.00	\$ 626.00	\$ 784.00	\$ 79.00	\$ 313.00	\$ 796.70
Employee + Spouse Coverage	\$ 362.00	\$ 1,283.00	\$ 1,645.00	\$ 181.00	\$ 641.50	\$ 1,671.64
Employee + Child(ren) Coverage	\$ 335.00	\$ 1,154.00	\$ 1,489.00	\$ 167.50	\$ 577.00	\$ 1,513.11
Family Coverage	\$ 478.00	\$ 1,794.00	\$ 2,272.00	\$ 239.00	\$ 897.00	\$ 2,308.80
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 105.00	\$ 670.00	\$ 775.00	\$ 52.50	\$ 335.00	\$ 787.52
Employee + Spouse Coverage	\$ 258.00	\$ 1,373.00	\$ 1,631.00	\$ 129.00	\$ 686.50	\$ 1,657.36
Employee + Child(ren) Coverage	\$ 232.00	\$ 1,239.00	\$ 1,471.00	\$ 116.00	\$ 619.50	\$ 1,494.75
Family Coverage	\$ 369.00	\$ 1,886.00	\$ 2,255.00	\$ 184.50	\$ 943.00	\$ 2,291.46
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 85.00	\$ 661.00	\$ 746.00	\$ 42.50	\$ 330.50	\$ 757.94
Employee + Spouse Coverage	\$ 228.00	\$ 1,339.00	\$ 1,567.00	\$ 114.00	\$ 669.50	\$ 1,592.08
Employee + Child(ren) Coverage	\$ 210.00	\$ 1,208.00	\$ 1,418.00	\$ 105.00	\$ 604.00	\$ 1,440.69
Family Coverage	\$ 293.00	\$ 1,871.00	\$ 2,164.00	\$ 146.50	\$ 935.50	\$ 2,198.64

2021 Delta Dental Rates:	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 6.28	\$30.00	\$ 36.28	\$ 3.14	\$ 15.00	\$ 37.01
Employee + 1 dependent	\$ 39.72	\$37.80	\$ 77.52	\$ 19.86	\$ 18.90	\$ 79.07
Employee + 2 or more dependents	\$ 66.68	\$49.98	\$ 116.66	\$ 33.34	\$ 24.99	\$ 118.99

2021 Davis Vision Rates	Employee Pays	City Pays	Total	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 5.70	N/A	\$ 5.70	\$ 2.85	N/A	\$ 5.81
Employee + Spouse	\$ 11.42	N/A	\$ 11.42	\$ 5.71	N/A	\$ 11.65
Employee + Children	\$ 11.98	N/A	\$ 11.98	\$ 5.99	N/A	\$ 12.22
Family	\$ 16.70	N/A	\$ 16.70	\$ 8.35	N/A	\$ 17.03

2021 Health, Dental, Vision Rates - Tobacco

WELLNESS PARTICIPANT - Tobacco

Preferred-Care Blue Network

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 158.00	\$ 614.00	\$ 772.00	\$ 79.00	\$ 307.00	\$ 796.70
Employee + Spouse Coverage	\$ 362.00	\$ 1,259.00	\$ 1,621.00	\$ 181.00	\$ 629.50	\$ 1,671.64
Employee + Child(ren) Coverage	\$ 335.00	\$ 1,132.00	\$ 1,467.00	\$ 167.50	\$ 566.00	\$ 1,513.11
Family Coverage	\$ 478.00	\$ 1,760.00	\$ 2,238.00	\$ 239.00	\$ 880.00	\$ 2,308.80
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 105.00	\$ 659.00	\$ 764.00	\$ 52.50	\$ 329.50	\$ 787.52
Employee + Spouse Coverage	\$ 258.00	\$ 1,349.00	\$ 1,607.00	\$ 129.00	\$ 674.50	\$ 1,657.36
Employee + Child(ren) Coverage	\$ 232.00	\$ 1,217.00	\$ 1,449.00	\$ 116.00	\$ 608.50	\$ 1,494.75
Family Coverage	\$ 369.00	\$ 1,853.00	\$ 2,222.00	\$ 184.50	\$ 926.50	\$ 2,291.46
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 85.00	\$ 650.00	\$ 735.00	\$ 42.50	\$ 325.00	\$ 757.94
Employee + Spouse Coverage	\$ 228.00	\$ 1,316.00	\$ 1,544.00	\$ 114.00	\$ 658.00	\$ 1,592.08
Employee + Child(ren) Coverage	\$ 210.00	\$ 1,187.00	\$ 1,397.00	\$ 105.00	\$ 593.50	\$ 1,440.69
Family Coverage	\$ 293.00	\$ 1,839.00	\$ 2,132.00	\$ 146.50	\$ 919.50	\$ 2,198.64

NON WELLNESS - Tobacco

Preferred-Care Blue Network

Low Deductible Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 213.00	\$ 571.00	\$ 784.00	\$ 106.50	\$ 285.50	\$ 796.70
Employee + Spouse Coverage	\$ 417.00	\$ 1,228.00	\$ 1,645.00	\$ 208.50	\$ 614.00	\$ 1,671.64
Employee + Child(ren) Coverage	\$ 390.00	\$ 1,099.00	\$ 1,489.00	\$ 195.00	\$ 549.50	\$ 1,513.11
Family Coverage	\$ 533.00	\$ 1,739.00	\$ 2,272.00	\$ 266.50	\$ 869.50	\$ 2,308.80
HRA Plus Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 160.00	\$ 615.00	\$ 775.00	\$ 80.00	\$ 307.50	\$ 787.52
Employee + Spouse Coverage	\$ 313.00	\$ 1,318.00	\$ 1,631.00	\$ 156.50	\$ 659.00	\$ 1,657.36
Employee + Child(ren) Coverage	\$ 287.00	\$ 1,184.00	\$ 1,471.00	\$ 143.50	\$ 592.00	\$ 1,494.75
Family Coverage	\$ 424.00	\$ 1,798.00	\$ 2,222.00	\$ 212.00	\$ 899.00	\$ 2,291.46
HRA Base Plan	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only Coverage	\$ 140.00	\$ 595.00	\$ 735.00	\$ 70.00	\$ 297.50	\$ 757.94
Employee + Spouse Coverage	\$ 283.00	\$ 1,261.00	\$ 1,544.00	\$ 141.50	\$ 630.50	\$ 1,592.08
Employee + Child(ren) Coverage	\$ 265.00	\$ 1,132.00	\$ 1,397.00	\$ 132.50	\$ 566.00	\$ 1,440.69
Family Coverage	\$ 348.00	\$ 1,784.00	\$ 2,132.00	\$ 174.00	\$ 892.00	\$ 2,198.64

2021 Delta Dental Rates:	Employee Pays	City Pays	Total Premium	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 6.28	\$ 30.00	\$ 36.28	\$ 3.14	\$ 15.00	\$ 37.01
Employee + 1 dependent	\$ 39.72	\$ 37.80	\$ 77.52	\$ 19.86	\$ 18.90	\$ 79.07
Employee + 2 or more dependents	\$ 66.68	\$ 49.98	\$ 116.66	\$ 33.34	\$ 24.99	\$ 118.99

2021 Davis Vision Rates	Employee Pays	City Pays	Total	Employee per pay period	City per pay period	COBRA Rate
Employee Only	\$ 5.70	N/A	\$ 5.70	\$ 2.85	N/A	\$ 5.81
Employee + Spouse	\$ 11.42	N/A	\$ 11.42	\$ 5.71	N/A	\$ 11.65
Employee + Children	\$ 11.98	N/A	\$ 11.98	\$ 5.99	N/A	\$ 12.22
Family	\$ 16.70	N/A	\$ 16.70	\$ 8.35	N/A	\$ 17.03