



Health Benefit Rates

Valid 10/01/20 through 09/30/21

	Coverage Type	Employee Contribution		City Contribution
		Bi-Weekly	Monthly	Monthly
Medical Coverage (TML)	Employee Only	\$ -	\$ -	\$ 535.36
	Children	\$ 198.43	\$ 396.86	\$ 10.00
	Spouse	\$ 270.72	\$ 541.44	\$ 10.00
	Family	\$ 516.96	\$ 1,033.92	\$ 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