

# RATES

## 2022 -2023 EMPLOYEE CONTRIBUTIONS

August 1, 2022 – July 31, 2023



Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

### Medical Coverage

<b>\$3,500 HDHP w/ HSA Option*</b>	<b>Medical Rate</b>	<b>City Contribution</b>	<b>Monthly Employee Contribution</b>	<b>**Additional Premium Tobacco User</b>
EMPLOYEE ONLY	\$365.90	\$365.90	\$0.00	\$100.00
EMPLOYEE & SPOUSE	\$863.95	\$365.90	\$498.05	\$598.05
EMPLOYEE & CHILD(REN)	\$695.22	\$365.90	\$329.32	\$429.32
EMPLOYEE FAMILY	\$1,097.73	\$365.90	\$731.83	\$831.83
<b>\$1,000 Consumer Choice HMO Buy-Up Option</b>	<b>Medical Rate</b>	<b>City Contribution</b>	<b>Monthly Employee Contribution</b>	<b>**Additional Premium Tobacco User</b>
EMPLOYEE ONLY	\$513.22	\$488.22	\$25.00	\$125.00
EMPLOYEE & SPOUSE	\$1,211.77	\$488.22	\$723.55	\$823.55
EMPLOYEE & CHILD(REN)	\$975.14	\$488.22	\$486.92	\$586.92
EMPLOYEE FAMILY	\$1,539.66	\$488.22	\$1,051.44	\$1,151.44
<b>\$2,500 Consumer Choice POS Option</b>	<b>Medical Rate</b>	<b>City Contribution</b>	<b>Monthly Employee Contribution</b>	<b>**Additional Premium Tobacco User</b>
EMPLOYEE ONLY	\$400.59	\$400.59	\$0.00	\$100.00
EMPLOYEE & SPOUSE	\$945.81	\$400.59	\$545.22	\$645.22
EMPLOYEE & CHILD(REN)	\$761.12	\$400.59	\$360.53	\$460.53
EMPLOYEE FAMILY	\$1,201.75	\$400.59	\$801.16	\$901.16

- \*For employees electing the \$3,500 HDHP plan option the City will be contributed \$1,300 annually to an HSA account. For new employees, the contribution is \$600 annually for the initial enrollment period.
- \*\*Tobacco Using Employees will share in the monthly health insurance premium cost by contributing an additional \$100.00 per month starting August 1, 2022.

## Dental Coverage

Coverage Tier	Dental Rate	City Contribution	Employee Monthly Contribution
Employee Only	\$32.08	\$32.08	\$0.00
Employee + Spouse/RDP	\$64.14	\$32.08	\$32.06
Employee + Child(ren)	\$80.92	\$32.08	\$48.84
Family	\$118.96	\$32.08	\$86.88

## Vision Coverage

Coverage Tier	Employee Monthly Contribution
	<b>Avesis</b>
Employee Only	\$5.82
Employee + Spouse/RDP	\$10.60
Employee + Child(ren)	\$10.69
Family	\$16.68

## Voluntary Life/ AD&D

AGE RATED PREMIUMS (Rates based on Employee/Spouse)	Employee (Rate Per \$1,000)	Spouse (Rate Per \$1,000)
<b>AD&amp;D Rate:</b>	\$0.02	\$0.02
<b>Life Rate: Up to 24</b>	\$0.08	\$0.08
<b>25-29</b>	\$0.07	\$0.07
<b>30-34</b>	\$0.08	\$0.08
<b>35-39</b>	\$0.12	\$0.12
<b>40-44</b>	\$0.18	\$0.18
<b>45-49</b>	\$0.29	\$0.29
<b>50-54</b>	\$0.49	\$0.49
<b>55-59</b>	\$0.79	\$0.79
<b>60-64</b>	\$1.06	\$1.06
<b>65-69</b>	\$1.67	\$1.67
<b>70-74</b>	\$2.91	\$2.91
<b>75-79</b>	\$5.07	\$5.07
<b>Child Life Rate (Per \$10,000)</b>		\$1.93

## Voluntary Short Term Disability

The City of Hewitt provides full-time employees with opportunity to obtain short-term disability income benefits. The cost for this coverage is paid in full by the employee. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

VOLUNTARY SHORT TERM DISABILITY BENEFITS	Lincoln Financial
Rate per \$10.00 of Weekly Benefit	\$0.43