

2015 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

**GC Management; DC #48; NMNR; TEAM; Assc of Scient Pers; Assc of Muni Attys;
SNC; Loc 510 IAM; Loc 494 Mach; Loc 75 Plumbers; Loc 195 Bridge Operators; Loc 139;
Loc 61 Sanitation; ALEASP; Police Aides; Loc 494 FEDS; Loc 494 Electrical; MBCTC;**

EMPLOYEE RATE INFORMATION

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.
In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

CHART I - 2015 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	¹ UHC CHOICE PLAN (EPO)				² UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 311.00	\$ 273.68	\$ 37.32	\$ 74.64	\$ 366.00	\$ 273.68	\$ 92.32	\$ 184.64
Employee + Spouse	\$ 622.00	\$ 547.36	\$ 74.64	\$ 149.28	\$ 732.00	\$ 547.36	\$ 184.64	\$ 369.28
Employee + Child(ren)	\$ 466.50	\$ 410.52	\$ 55.98	\$ 111.96	\$ 549.00	\$ 410.52	\$ 138.48	\$ 276.96
Family	\$ 933.00	\$ 821.04	\$ 111.96	\$ 223.92	\$ 1,098.00	\$ 821.04	\$ 276.96	\$ 553.92

¹This is the HMO equivalent.

²This is the Basic Plan equivalent.

CHART II - 2015 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 12.02	\$ 6.50	\$ 5.52	\$ 11.04	\$ 41.53	\$ 18.75	\$ 22.78	\$ 45.56
Care-Plus	\$ 24.10	\$ 6.50	\$ 17.60	\$ 35.20	\$ 71.02	\$ 18.75	\$ 52.27	\$ 104.54
DentalBlue	\$ 28.89	\$ 6.50	\$ 22.39	\$ 44.78	\$ 86.66	\$ 18.75	\$ 67.91	\$ 135.82

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

2015 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

Milwaukee Professional Fire Fighters' Assc - Loc 215; Sworn Fire Management

EMPLOYEE RATE INFORMATION*

*(Rate subject to change in negotiations)

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.
In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

CHART I - 2015 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	¹ UHC CHOICE PLAN (EPO)				² UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 311.00	\$ 278.68	\$ 32.32	\$ 64.64	\$ 366.00	\$ 327.08	\$ 38.92	\$ 77.84
Employee + Spouse	\$ 622.00	\$ 557.36	\$ 64.64	\$ 129.28	\$ 732.00	\$ 654.16	\$ 77.84	\$ 155.68
Employee + Child(ren)	\$ 466.50	\$ 415.52	\$ 50.98	\$ 101.96	\$ 549.00	\$ 488.12	\$ 60.88	\$ 121.76
Family	\$ 933.00	\$ 831.04	\$ 101.96	\$ 203.92	\$ 1,098.00	\$ 976.24	\$ 121.76	\$ 243.52

¹This is the HMO equivalent.

²This is the Basic Plan equivalent.

CHART II - 2015 Employee DENTAL Plan Payroll Contribution

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 14.42	\$ 6.50	\$ 7.92	\$ 15.84	\$ 41.30	\$ 18.75	\$ 22.55	\$ 45.10
Care-Plus	\$ 24.10	\$ 6.50	\$ 17.60	\$ 35.20	\$ 71.02	\$ 18.75	\$ 52.27	\$ 104.54
DentalBlue	\$ 28.89	\$ 6.50	\$ 22.39	\$ 44.78	\$ 86.66	\$ 18.75	\$ 67.91	\$ 135.82

DISCLAIMER: The benefit design is subject to change by Common Council action.

2015 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

Milwaukee Police Association (MPA)**MPA EMPLOYEE RATE INFORMATION***

*(Rate subject to change in negotiations)

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

CHART I - 2015 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	¹ UHC CHOICE PLAN (EPO)				² UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 311.00	\$ 278.68	\$ 32.32	\$ 64.64	\$ 366.00	\$ 327.08	\$ 38.92	\$ 77.84
Employee + Spouse	\$ 622.00	\$ 557.36	\$ 64.64	\$ 129.28	\$ 732.00	\$ 654.16	\$ 77.84	\$ 155.68
Employee + Child(ren)	\$ 466.50	\$ 415.52	\$ 50.98	\$ 101.96	\$ 549.00	\$ 488.12	\$ 60.88	\$ 121.76
Family	\$ 933.00	\$ 831.04	\$ 101.96	\$ 203.92	\$ 1,098.00	\$ 976.24	\$ 121.76	\$ 243.52

¹This is the HMO equivalent.

²This is the Basic Plan equivalent.

CHART II - 2015 Employee DENTAL Plan Payroll Contribution

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 14.46	\$ 6.50	\$ 7.96	\$ 15.92	\$ 43.99	\$ 18.75	\$ 25.24	\$ 50.48
Care-Plus	\$ 24.10	\$ 6.50	\$ 17.60	\$ 35.20	\$ 71.02	\$ 18.75	\$ 52.27	\$ 104.54
DentalBlue	\$ 28.89	\$ 6.50	\$ 22.39	\$ 44.78	\$ 86.66	\$ 18.75	\$ 67.91	\$ 135.82

DISCLAIMER: The benefit design is subject to change by Common Council action.

2015 MONTHLY RATE CHART FOR RETIREES & SURVIVING SPOUSES

These rates are effective January 1, 2015

We will deduct the new rates effective with your December, 2014 pension check.

This is official notification of health plan rates for 2015. DO NOT discard this rate chart.

RATE CHART I - These Rates Apply To You If You Are:

- 1 General City, Fire or Police Retirees age 65 and over.
- 2 Ordinary Disability Retiree
- 3 Certain General City Retirees under age 60, or between 60-65 paying for health coverage.
- 4 Surviving Spouses of certain General City, Fire or Police Service Retirees.

2015 Monthly Health Premium Rates

Plan Code	If you are or your family consists of:	¹ UHC Choice Plus (PPO) (Replaces Basic Plan)	² UHC Choice (EPO)
1	One Adult No Medicare	\$718.50	\$663.75
2	Two Adults no Medicare	\$1,437.00	\$1,326.75
3	Two Adults & Dependent Child(ren) no Medicare	\$2,155.50	\$1,990.50
4	One Adult with Medicare	\$243.00	\$284.25
5	Two Adults with Medicare	\$460.50	\$569.25
6	One Adult with Medicare, One Adult w/o Medicare	\$1,053.75	\$912.00
7	One Adult with Medicare, One Adult w/o Medicare & Dependent Child(ren)	\$1,235.25	\$1,225.50
8	Two Adults with Medicare & Dependent Child(ren)	\$644.25	\$882.75
9	Adult & Dependent Child(ren) no Medicare	\$1,077.75	\$995.25
10	Adult with Medicare & Dependent Child(ren)	\$597.00	\$598.50

"With Medicare" means having both parts of Medicare, Hospital (Part A) and Medical (Part B).

¹This is the Basic Plan equivalent.

²This is the HMO equivalent.