

2023 Rate Chart For Active Employees

Budgeted Positions at more than 20 hours per week

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; City Laborers

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.

2023 Employee HEALTH PLAN Payroll Contribution.

| HEALTH PLAN | UHC CHOICE PLAN (EPO) | | | | 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 | \$ 391.00 | \$ 344.08 | \$ 46.92 | \$ 93.84 | \$ 459.50 | \$ 344.08 | \$ 115.42 | \$ 230.84 |
| Employee + Spouse | \$ 782.00 | \$ 688.16 | \$ 93.84 | \$ 187.68 | \$ 920.50 | \$ 688.16 | \$ 232.34 | \$ 464.68 |
| Employee + Child(ren) | \$ 586.00 | \$ 515.68 | \$ 70.32 | \$ 140.64 | \$ 690.50 | \$ 515.68 | \$ 174.82 | \$ 349.64 |
| Family | \$1,172.00 | \$1,031.36 | \$ 140.64 | \$ 281.28 | \$1,380.00 | \$ 1,031.36 | \$ 348.64 | \$ 697.28 |

2023 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 |
|------------------|--------------------------|----------------------|--------------------------------|------------------------------|--------------------------|----------------------|--------------------------------|------------------------------|
| Delta Dental PPO | \$ 13.40 | \$ 6.50 | \$ 6.90 | \$ 13.80 | \$ 46.28 | \$ 18.75 | \$ 27.53 | \$ 55.06 |
| Delta Dental EPO | \$ 23.88 | \$ 6.50 | \$ 17.38 | \$ 34.76 | \$ 78.01 | \$ 18.75 | \$ 59.26 | \$ 118.52 |
| Care-Plus | \$ 25.50 | \$ 6.50 | \$ 19.00 | \$ 38.00 | \$ 75.14 | \$ 18.75 | \$ 56.39 | \$ 112.78 |

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

ACA NOTICE: The individual shared responsibility provision of the Affordable Care Act requires you and each member of your family to have qualifying health care coverage (called minimum essential coverage), qualify for a coverage exemption, or make an individual shared responsibility payment when you file your federal income tax return.