

2020 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
Police Sworn Management (PSM) and Milwaukee Police Supervisors Organization (MPSO)

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.**

2020 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 | \$ 347.00 | \$ 305.36 | \$ 41.64 | \$ 83.28 | \$ 408.50 | \$ 305.36 | \$ 103.14 | \$ 206.28 |
| Employee + Spouse | \$ 694.00 | \$ 610.72 | \$ 83.28 | \$ 166.56 | \$ 817.00 | \$ 610.72 | \$ 206.28 | \$ 412.56 |
| Employee + Child(ren) | \$ 520.50 | \$ 458.04 | \$ 62.46 | \$ 124.92 | \$ 613.00 | \$ 458.04 | \$ 154.96 | \$ 309.92 |
| Family | \$1,041.00 | \$ 916.08 | \$ 124.92 | \$ 249.84 | \$1,225.50 | \$ 916.08 | \$ 309.42 | \$ 618.84 |

2020 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 | \$ 15.80 | \$ 6.50 | \$ 9.30 | \$ 18.60 | \$ 48.06 | \$ 18.75 | \$ 29.31 | \$ 58.62 |
| Delta Dental EPO | \$ 23.41 | \$ 6.50 | \$ 16.91 | \$ 33.82 | \$ 76.48 | \$ 18.75 | \$ 57.73 | \$ 115.46 |
| Care-Plus | \$ 26.31 | \$ 6.50 | \$ 19.81 | \$ 39.62 | \$ 77.54 | \$ 18.75 | \$ 58.79 | \$ 117.58 |

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

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee may be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.