

## 2024 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.

#### 2024 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
<b>Single</b>	\$ 409.50	\$ 360.36	\$ 49.14	\$ 98.28	\$ 481.00	\$ 360.36	\$ 120.64	\$ 241.28
<b>Employee + Spouse</b>	\$ 819.00	\$ 720.72	\$ 98.28	\$ 196.56	\$ 964.00	\$ 720.72	\$ 243.28	\$ 486.56
<b>Employee + Child(ren)</b>	\$ 613.50	\$ 539.88	\$ 73.62	\$ 147.24	\$ 723.00	\$ 539.88	\$ 183.12	\$ 366.24
<b>Family</b>	\$ 1,227.00	\$ 1,079.76	\$ 147.24	\$ 294.48	\$ 1,445.00	\$ 1,079.76	\$ 365.24	\$ 730.48

#### 2024 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
<b>Delta Dental PPO</b>	\$ 13.40	\$ 6.50	\$ 6.90	\$ 13.80	\$ 46.28	\$ 18.75	\$ 27.53	\$ 55.06
<b>Delta Dental EPO</b>	\$ 23.88	\$ 6.50	\$ 17.38	\$ 34.76	\$ 78.01	\$ 18.75	\$ 59.26	\$ 118.52
<b>Care-Plus</b>	\$ 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.