

Active Employee Rates Effective January 1, 2025

	Full Premium	City Contributions 50% of dependent Coverage	City Contributions 55% of dependent Coverage	30 hour/week Employees	20 hour/week employees	COBRA
	This is the whole amount of what the insurance costs each month.	Local 39, RPPA, RPSAE - This is what you will pay per pay period for 24 pay periods. (On months with a 3rd pay period, the deduction is not taken.)	Unrepresented, IAFF, RFDA, RAPG - This is what you will pay per pay period for 24 pay periods. (On months with a 3rd pay period, the deduction is not taken.)	30 hour employees - This is what you will pay per pay period for 24 pay periods. (On months with a 3rd pay period, the deduction is not taken.)	20 hour employees - This is what you will pay per pay period for 24 pay periods. (On months with a 3rd pay period, the deduction is not taken.)	COBRA Continuation coverage if you separate employment would be calculated as the full monthly premium + 2%
UMR PPO Plan	UMR PPO \$300 individual/\$600 family deductible					
Employee Only	\$ 747.54	\$ -	\$ -	\$ 93.44	\$ 186.89	\$ 762.49
Employee and Spouse	\$ 1,307.62	\$ 140.02	\$ 126.01	\$ 373.48	\$ 466.93	\$ 1,333.77
Employee and Children	\$ 1,240.54	\$ 123.25	\$ 110.92	\$ 339.94	\$ 433.39	\$ 1,265.34
Employee and Family	\$ 1,630.28	\$ 220.69	\$ 198.62	\$ 534.81	\$ 628.26	\$ 1,662.88
UMR High Deductible Health Plan	High Deductible Health Plan \$2,500 individual/\$5,000 family deductible with HSA					
Employee Only	\$ 610.11	\$ -	\$ -	\$ 76.26	\$ 152.53	\$ 322.34
Employee and Spouse	\$ 1,058.44	\$ 112.09	\$ 100.86	\$ 300.43	\$ 376.69	\$ 1,079.61
Employee and Children	\$ 1,003.60	\$ 98.36	\$ 88.53	\$ 273.01	\$ 349.27	\$ 1,023.67
Employee and Family	\$ 1,343.50	\$ 183.34	\$ 165.00	\$ 442.96	\$ 519.22	\$ 1,370.37
UMR Dental	Dental Plan \$50 Deductible \$2500 annual Maximum					
Employee Only	\$ 78.56	\$ -	\$ -	\$ 9.82	\$ 19.64	\$ 80.13
Employee and Spouse	\$ 132.10	\$ 13.39	\$ 12.05	\$ 36.59	\$ 46.41	\$ 134.74
Employee and Children	\$ 124.79	\$ 11.55	\$ 10.40	\$ 32.94	\$ 42.76	\$ 127.29
Employee and Family	\$ 171.40	\$ 23.20	\$ 20.89	\$ 56.24	\$ 66.06	\$ 174.83
VSP Vision	Vision					
Employee Only	\$ 5.46	\$ -	\$ -	\$ 0.68	\$ 1.37	\$ 5.57
Employee and Spouse	\$ 8.74	\$ 0.82	\$ 0.74	\$ 2.32	\$ 3.01	\$ 8.91
Employee and Children	\$ 8.93	\$ 0.87	\$ 0.78	\$ 2.42	\$ 3.10	\$ 9.11
Employee and Family	\$ 14.42	\$ 2.24	\$ 2.01	\$ 5.16	\$ 5.85	\$ 14.71