



2018 Rate Sheet

The following charts show your per-pay-period contributions for medical and dental coverage. Vision coverage and costs are bundled with medical coverage.

Medical Plan Costs

	Total Monthly Cost	Amount City Pays (Per Month)	Amount You Pay (Per Month)	Amount You Pay Per-Pay-Period
Kaiser HMO				
Single	\$564.39	\$503.87	\$60.52	\$30.26
Two-Party	\$1,128.76	\$1,007.64	\$121.12	\$60.56
Family	\$1,597.20	\$1,425.84	\$171.36	\$85.68
Aetna HMO				
Single	\$818.14	\$707.76	\$110.38	\$55.19
Two-Party	\$1,639.69	\$1,422.97	\$216.72	\$108.36
Family	\$2,319.15	\$2,004.21	\$314.94	\$157.47
Aetna OAMC Plan				
Single	\$1,375.19	\$1,050.95	\$324.24	\$162.12
Two-Party	\$2,750.41	\$2,094.69	\$655.72	\$327.86
Family	\$3,891.82	\$2,949.52	\$942.30	\$471.15
Aetna HSA OAMC Plan				
Single	\$1,159.73	\$917.87	\$241.86	\$120.93
Two-Party	\$2,319.43	\$1,830.35	\$489.08	\$244.54
Family	\$3,282.01	\$2,577.23	\$704.78	\$352.39

Dental Plan Costs

	Total Monthly Cost	Amount City Pays (Per Month)	Amount You Pay (Per Month)	Amount You Pay Per-Pay-Period
DeltaCare USA DHMO Plan				
Single	\$17.39	\$17.39	\$0.00	\$0.00
Two-Party	\$28.75	\$28.75	\$0.00	\$0.00
Family	\$42.50	\$42.50	\$0.00	\$0.00
Delta Dental PPO Plan				
Single	\$ 57.72	\$ 24.99	\$ 32.73	\$ 16.37
Two-Party	\$ 98.14	\$ 38.89	\$ 59.25	\$ 29.63
Family	\$ 150.07	\$ 56.03	\$ 94.04	\$ 47.02