

# 2019 INSURANCE RATE SHEET

## CITY OF GREEN BAY



### 2019 UMR PPO CO-PAY HEALTH INSURANCE RATES (24 pay periods)

Coverage	Monthly Premium	Bi-Weekly 11.50%		Bi-Weekly 12.50%		Bi-Weekly 13.75%		Bi-Weekly 15.00%	
	Total	EE	City	EE	City	EE	City	EE	City
Single	\$637.38	\$36.64	\$282.05	\$39.84	\$278.85	N/A	N/A	\$47.80	\$270.89
Family	\$1,543.90	\$88.77	\$683.18	\$96.49	\$675.46	\$106.14	\$665.81	\$115.79	\$656.16

### 2019 UMR HIGH DEDUCTIBLE HEALTH INSURANCE RATES (24 pay periods)

Coverage	Monthly Premium	Bi-Weekly 11.50%		Bi-Weekly 12.50%		Bi-Weekly 13.75%		Bi-Weekly 15.00%	
	Total	EE	City	EE	City	EE	City	EE	City
Single	\$559.62	\$32.18	\$247.63	\$34.97	\$244.84	N/A	N/A	\$41.97	\$237.84
Family	\$1,355.54	\$77.94	\$599.83	\$84.72	\$593.05	\$93.19	\$584.58	\$101.66	\$576.11

- 11.50% - Single, if employee completed HRA plus requirements and received 1265 points
- 11.50% - Family, if both employee and spouse completed HRA plus requirements and employee received 1265 points
- 12.50% - Single, if employee completed HRA plus requirements
- 12.50% - Family, if both employee and spouse completed HRA plus requirements
- 13.75% - Family, if only the employee or spouse completed HRA plus requirements
- 15.00% - Single, if employee did not complete HRA plus requirements
- 15.00% - Family, if neither employee or spouse completed HRA plus requirements

### 2019 DENTAL INSURANCE RATES (24 pay periods)

12.5% EE contribution to plan

Coverage	HUMANA DENTAL			DENTAL ASSOCIATES		
	Monthly Premium Total	Bi-Weekly 12.50%		Monthly Premium Total	Bi-Weekly 12.50%	
		EE	City		EE	City
Single	\$42.65	\$2.66	\$18.66	\$33.65	\$2.10	\$14.72
Family	\$129.62	\$8.10	\$56.71	\$102.23	\$6.39	\$44.73

### 2019 SUPERIOR VISION INSURANCE RATES

Coverage	Bi-Weekly Rates (24 pay periods) full premium paid by EE	
	Full Service Plan	Materials Only Plan
Single	\$4.16	\$2.94
Limited Family	\$8.32	\$5.88
Family	\$11.02	\$7.78

**2019 COBRA INSURANCE RATES**  
Paid by Individual Electing

<i>Coverage</i>	<i>Monthly Premium</i>	
HEALTH CO-PAY PLAN UMR	Single	\$650.13
	Family	\$1,574.78
HEALTH HDHP UMR	Single	\$570.81
	Family	\$1,382.65
HUMANA DENTAL	Single	\$43.50
	Family	\$132.21
DENTAL ASSOCIATES	Single	\$34.32
	Family	\$104.27

**2019 RETIREE HEALTH & DENTAL INSURANCE RATES**  
Paid in full by Retiree

Coverage	RETIREE HEALTH ACTIVE PLAN	RETIREE HEALTH PLAN	HUMANA DENTAL	DENTAL ASSOCIATES
	<i>Monthly Premium</i>	<i>Monthly Premium</i>	<i>Monthly Premium</i>	<i>Monthly Premium</i>
Single	\$1,027.72	\$768.73	\$42.65	\$33.65
Single +1	N/A	\$1,537.49	N/A	N/A
Family	\$2,489.41	\$2,651.93	\$129.62	\$102.23

**2019 RETIREE MEDICARE CARVE OUT PREMIUMS**  
(For Retirees Under Age 65)

Coverage	Active Retiree Plan	Retiree Plan
Single	\$785.22	\$587.34
Family With 1 Medicare Beneficiary	\$1,707.95	\$1,207.70
Family With 2 Medicare Beneficiaries	\$1,520.77	\$1,075.35

A prior to age 65 retiree on Medicare as the primary provider and City as secondary is eligible for carve out plan which is paid in full by retiree