

CITY OF CHARLESTON
EMPLOYEE HEALTH CARE PREMIUMS (per pay period)

EMPLOYEE ONLY COVERAGE			
Salary Range	Standard	Non-Tobacco	Health Risk Management
Less than \$34,999	95.92	87.01	79.94
\$35,000-\$44,999	95.92	87.01	79.94
\$45,000 and over	95.92	87.01	79.94
EMPLOYEE + SPOUSE COVERAGE			
Salary Range	Standard	Non-Tobacco	Health Risk Management
Less than \$34,999	119.59	109.00	94.96
\$35,000-\$44,999	147.73	135.00	119.59
\$45,000 and over	147.73	135.00	119.59
EMPLOYEE + CHILD COVERAGE			
Salary Range	Standard	Non-Tobacco	Health Risk Management
Less than \$34,999	100.72	90.54	81.53
\$35,000-\$44,999	100.72	90.54	81.53
\$45,000 and over	100.72	90.54	81.53
EMPLOYEE + CHILDREN COVERAGE			
Salary Range	Standard	Non-Tobacco	Health Risk Management
Less than \$34,999	134.29	120.00	108.71
\$35,000-\$44,999	134.29	120.00	108.71
\$45,000 and over	134.29	120.00	108.71
FAMILY COVERAGE			
Salary Range	Standard	Non-Tobacco	Health Risk Management
Less than \$34,999	134.29	125.00	108.71
\$35,000-\$44,999	168.83	155.00	133.02
\$45,000 and over	209.76	190.00	168.83

City of Charleston - Dental/Vision Premiums
(per month)

	<u>Standard Plan</u>	<u>Enhanced Plan</u>
Employee Only	\$3.40	\$6.75
Employee + Spouse	\$7.71	\$16.08
Employee + Children	\$7.71	\$16.08
Family	\$7.71	\$16.08

The rates displayed are for reference and informational purposes. Should an error or discrepancy exist between city policy and the rates displayed above, city policy shall prevail.