

PEIA non-State agency Plan Info

Plan A

Plan C

Tobacco Discount \$25 single/\$50 family						Tobacco Discount \$25 single/\$50 family					
	PEIA monthly premium	Monthly City rate	per pay period-24 pays	Deductible	Out of Pocket		PEIA monthly premium	Monthly City rate	per pay period-24 pays	Deductible (City HSA contribution)	Out of Pocket
EE only	\$541.00	\$83.00	\$41.50	\$450.00	\$2,500.00	EE only	\$342.00	\$43.00	\$21.50	\$1,400.00	\$2,500.00
EE & children	\$999.00	\$150.00	\$75.00	\$450/\$900	\$5,000.00	EE & children	\$514.00	\$53.00	\$26.50	\$2,800.00	\$5,000.00
Family	\$1,137.00	\$177.00	\$88.50	\$450/\$900	\$5,000.00	Family	\$693.00	\$89.00	\$44.50	\$2,800.00	\$5,000.00

Plan A

Plan C

Tobacco User						Tobacco User					
	PEIA monthly premium	Monthly City rate	per pay period-24 pays	Deductible	Out of Pocket		PEIA monthly premium	Monthly City rate	per pay period-24 pays	Deductible (City HSA contribution)	Out of Pocket
EE only	\$541.00	\$108.00	\$54.00	\$450.00	\$2,500.00	EE only	\$342.00	\$68.00	\$34.00	\$1,400.00	\$2,500.00
EE & children	\$999.00	\$200.00	\$100.00	\$450/\$900	\$5,000.00	EE & children	\$514.00	\$103.00	\$51.50	\$2,800.00	\$5,000.00
Family	\$1,137.00	\$227.00	\$113.50	\$450/\$900	\$5,000.00	Family	\$693.00	\$139.00	\$69.50	\$2,800.00	\$5,000.00

Dental/Vision Monthly Premiums

	Standard Plan	Enhanced Plan
Employee only	\$3.40	\$6.75
Family	\$7.71	\$16.08

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