

PEIA Health Coverage Options/Premiums

Plan A

Plan C

Tobacco User							Tobacco User						
Tier	PEIA monthly premium	City Portion	Monthly City rate	per pay period-24 pays	Deductible	Out of Pocket	Tier	PEIA monthly premium	City Portion	Monthly City rate	per pay period-24 pays	Deductible (City HSA contribution)	Out of Pocket
EE only	\$863.00	\$691.00	\$172.00	\$86.00	\$650.00	\$3,500.00	EE only	\$550.00	\$441.00	\$109.00	\$54.50	\$2,275.00	\$3,600.00
EE&child(ren)	\$1,538.00	\$1,228.00	\$310.00	\$155.00	\$650/\$1300	\$7,000.00	EE&child(ren)	\$837.00	\$670.00	\$167.00	\$83.50	\$4,550.00	\$7,200.00
Family	\$1,839.00	\$1,473.00	\$366.00	\$183.00	\$650/\$1300	\$7,000.00	Family	\$1,140.00	\$914.00	\$226.00	\$113.00	\$4,550.00	\$7,200.00

Tobacco Discount (\$25 single/\$50 family)							Tobacco Discount (\$25 single/\$50 family)						
Tier	PEIA monthly premium	City Portion	Monthly City rate	per pay period-24 pays	Deductible	Out of Pocket	Tier	PEIA monthly premium	City Portion	Monthly City rate	per pay period-24 pays	Deductible (City HSA contribution)	Out of Pocket
EE only	\$863.00	\$691.00	\$147.00	\$73.50	\$650.00	\$3,500.00	EE only	\$550.00	\$441.00	\$84.00	\$42.00	\$2,275.00	\$3,600.00
EE&child(ren)	\$1,538.00	\$1,228.00	\$260.00	\$130.00	\$650/\$1300	\$7,000.00	EE&child(ren)	\$837.00	\$670.00	\$117.00	\$58.50	\$4,550.00	\$7,200.00
Family	\$1,839.00	\$1,473.00	\$316.00	\$158.00	\$650/\$1300	\$7,000.00	Family	\$1,140.00	\$914.00	\$176.00	\$88.00	\$4,550.00	\$7,200.00

Dental/Vision Options/Monthly Premiums

	Standard		Enhanced
Single	\$5.21		\$7.02
Family	\$11.64		\$16.73