Active Employee Rates Effective January 1, 2027

	Full Premium	City Contributions 50% of dependent Coverage	City Contributions 55% of dependent Coverage	30 hour/week Employees	20 hour/week employees	COBRA
	This is the whole amount of what the insurance costs each month.	Local 39, RPPA, RPSAE - This is what you will pay per pay period for 24 pay periods. (On months with a 3rd pay period, the deduction is not taken.)	Unrepresented, IAFF, RFDAA, RAPG - This is what you will pay per pay period for 24 pay periods. (On months with a 3rd pay period, the deduction is not taken.)	30 hour employees - This is what you will pay per pay period for 24 pay periods. (On months with a 3rd pay period, the deduction is not taken.)	20 hour employees - This is what you will pay per pay period for 24 pay periods. (On months with a 3rd pay period, the deduction is not taken.)	COBRA Continuation coverage if you separate employment would be calculated as the full monthly premium + 2%
UMR PPO Plan	UMR PPO $1,500 individual/$3,000 family deductible					
Employee Only	$ 985.69	$ -	$ -	$ 123.21	$ 246.43	$ 1,005.40
Employee and Spouse	$ 1,724.20	$ 184.63	$ 166.17	$ 492.47	$ 615.68	$ 1,758.68
Employee and Children	$ 1,635.75	$ 162.52	$ 146.27	$ 448.24	$ 571.46	$ 1,668.47
Employee and Family	$ 2,149.66	$ 291.00	$ 261.90	$ 705.20	$ 828.41	$ 2,192.65
UMR High Deductible Health Plan	High Deductible Health Plan $2,500 individual/$5,000 family deductible with HSA					
Employee Only	$ 771.14	$ -	$ -	$ 96.40	$ 192.79	$ 786.56
Employee and Spouse	$ 1,337.80	$ 141.67	$ 127.50	$ 379.73	$ 476.12	$ 1,364.56
Employee and Children	$ 1,268.49	$ 124.34	$ 111.91	$ 345.07	$ 441.46	$ 1,293.86
Employee and Family	$ 1,698.10	$ 231.74	$ 208.57	$ 559.88	$ 656.27	$ 1,732.06
UMR Dental	Dental Plan $50 Deductible $2,500 annual Maximium					
Employee Only	$ 78.56	$ -	$ -	$ 9.82	$ 19.64	$ 80.13
Employee and Spouse	$ 132.10	$ 13.39	$ 12.05	$ 36.59	$ 46.41	$ 134.74
Employee and Children	$ 124.79	$ 11.55	$ 10.40	$ 32.94	$ 42.76	$ 127.29
Employee and Family	$ 171.40	$ 23.20	$ 20.89	$ 56.24	$ 66.06	$ 174.83
VSP Vision	Vision					
Employee Only	$ 5.46	$ -	$ -	$ 0.68	$ 1.37	$ 5.57
Employee and Spouse	$ 8.74	$ 0.82	$ 0.74	$ 2.32	$ 3.01	$ 8.91
Employee and Children	$ 8.93	$ 0.87	$ 0.78	$ 2.42	$ 3.10	$ 9.11
Employee and Family	$ 14.42	$ 2.24	$ 2.01	$ 5.16	$ 5.85	$ 14.71