

2018 Monthly Contribution Rates								
	Coverage Level	Total Premium	City Share	Employee Share	City Share	Employee Share	City Share	Employee Share
DELTA DENTAL			Full Time		Three Quarter Time		Half Time	
<b>Low (Preferred) PPO *</b>	Employee	\$25.38	\$20.30	\$5.08	\$15.23	\$10.15	\$10.15	\$15.23
	Two Person	\$50.77	\$40.62	\$10.15	\$30.47	\$20.30	\$20.31	\$30.46
	Family	\$87.14	\$69.71	\$17.43	\$52.28	\$34.86	\$34.86	\$52.28
<b>High (Premier + Preferred) PPO *</b>	Employee	\$43.18	\$34.54	\$8.64	\$25.91	\$17.27	\$17.27	\$25.91
	Two Person	\$87.42	\$69.94	\$17.48	\$52.46	\$34.96	\$34.97	\$52.45
	Family	\$149.57	\$119.66	\$29.91	\$89.75	\$59.82	\$59.83	\$89.74
VISION SERVICE PLAN (VSP)			Full Time		Three Quarter Time		Half Time	
<b>Base Plan *</b>	Employee	\$8.14	\$0.00	\$8.14	\$0.00	\$8.14	\$0.00	\$8.14
	Two Person	\$11.59	\$0.00	\$11.59	\$0.00	\$11.59	\$0.00	\$11.59
	Family	\$20.79	\$0.00	\$20.79	\$0.00	\$20.79	\$0.00	\$20.79
<b>Buy Up Plan *</b>	Employee	\$17.17	\$0.00	\$17.17	\$0.00	\$17.17	\$0.00	\$17.17
	Two Person	\$24.44	\$0.00	\$24.44	\$0.00	\$24.44	\$0.00	\$24.44
	Family	\$43.84	\$0.00	\$43.84	\$0.00	\$43.84	\$0.00	\$43.84
<b>Delta Dental</b>	Rates for the Delta Dental plans are the same for BMEA, BPOA, IAFF and Management/Non-Union employees							
<b>Vision Service Plan</b>	Rates for VSP plans are the same for BMEA, IAFF and Management/Non-Union employees. BPOA members received VSP as part of their VEBA benefits.							
<i>Employees working less than 20 hours per week are not eligible to participate in any of the above insurance plans.</i>								

\* Please see the plan summary for more detail on deductibles and other plan features.