

PEIA Health Coverage Options/Premiums

Plan A

Plan C

Tobacco User	PEIA monthly premium	Monthly City rate	per pay period-24 pays	Deductible	Out of Pocket	Tobacco User	PEIA monthly premium	Monthly City rate	per pay period-24 pays	Deductible (City HSA contribution)	Out of Pocket
EE only	\$740.00	\$148.00	\$74.00	\$450.00	\$2,500.00	EE only	\$471.00	\$94.00	\$47.00	\$1,600.00	\$2,500.00
EE & children	\$1,337.00	\$270.00	\$135.00	\$450/\$900	\$5,000.00	EE & children	\$718.00	\$144.00	\$72.00	\$3,200.00	\$5,000.00
Family	\$1,578.00	\$316.00	\$158.00	\$450/\$900	\$5,000.00	Family	\$974.00	\$194.00	\$97.00	\$3,200.00	\$5,000.00

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	\$740.00	\$123.00	\$61.50	\$450.00	\$2,500.00	EE only	\$471.00	\$69.00	\$34.50	\$1,600.00	\$2,500.00
EE & children	\$1,337.00	\$220.00	\$110.00	\$450/\$900	\$5,000.00	EE & children	\$718.00	\$94.00	\$47.00	\$3,200.00	\$5,000.00
Family	\$1,578.00	\$266.00	\$133.00	\$450/\$900	\$5,000.00	Family	\$974.00	\$144.00	\$72.00	\$3,200.00	\$5,000.00

Dental/Vision Options/Monthly Premiums

	Standard	Enhanced
Single	\$3.40	\$6.75
Family	\$7.71	\$16.08