



# 2018 – 2019 Insurance Rates

Plan Year October 1 – September 30

<b>Medical Coverage – Blue Cross Blue Shield</b>			
	Monthly Total	Employee Pays Monthly	Employee Per pay period
<b>Employee Only</b>	\$ 630.72	\$ 0.00	\$ 0.00
<b>Employee + Spouse</b>	\$ 1,450.66	\$ 193.00	\$ 96.50
<b>Employee + Children</b>	\$ 1,135.30	\$ 167.00	\$ 83.50
<b>Employee + Family</b>	\$ 1,955.24	\$ 235.00	\$117.50

<b>Dental Coverage – Metlife – Base Plan</b>			
	Monthly Total	Employee Pays Monthly	Employee per pay period
<b>Employee Only</b>	\$ 18.34	\$ 0.00	\$ 0.00
<b>Employee + Spouse</b>	\$ 43.33	\$ 0.00	\$ 0.00
<b>Employee + Children</b>	\$ 39.32	\$ 0.00	\$ 0.00
<b>Employee + Family</b>	\$ 64.33	\$ 0.00	\$0.00

<b>Dental Coverage – Metlife – Buy-Up Plan</b>			
	Monthly Total	Employee Pays Monthly	Employee per pay period
<b>Employee Only</b>	\$ 22.50	\$ 4.16	\$ 2.08
<b>Employee + Spouse</b>	\$ 53.13	\$ 9.80	\$ 4.90
<b>Employee + Children</b>	\$ 48.24	\$ 8.92	\$ 4.46
<b>Employee + Family</b>	\$ 78.89	\$ 14.56	\$ 7.28

<b>Vision Coverage – United Healthcare</b>			
	Monthly Total	Employee Pays Monthly	Employee per pay period
<b>Employee Only</b>	\$ 6.56	\$ 6.56	\$ 3.28
<b>Employee + Spouse</b>	\$ 12.94	\$ 12.94	\$ 6.47
<b>Employee + Children</b>	\$ 12.70	\$ 12.70	\$ 6.35
<b>Employee + Family</b>	\$ 19.28	\$ 19.28	\$ 9.64

**Other Benefits:**

<b>Basic Life/ Accidental Death &amp; Dismemberment</b>	\$25,000 Paid by the City of Stafford	
<b>Voluntary Life Insurance</b>	Paid by the employee	
<b>Flexible Spending</b>	Healthcare (Max contribution \$2,650 per plan year)	Dependent Care (Max contribution \$5,000 per plan year)
<b>Employee Assistance Program</b>	Paid by City of Stafford	
<b>Long Term Disability</b>	Paid by City of Stafford	
<b>AFLAC</b>	Paid by the employee	