

ECEA/TEAMSTERS

Health Insurance Plan E, with Health Savings Account (HSA) or
Health Reimbursement Account (HRA)
Effective January 1, 2017

| <u>2017 Rates</u> | Monthly HI Premium Charge | Opt-Out Incentive | Monthly HSA Deductible Funding | Total Monthly Expense | Total Monthly Employee Portion | Total Monthly City Portion |
|-------------------|---------------------------|-------------------|--------------------------------|-----------------------|--------------------------------|----------------------------|
| Opt Out | 150.00 | 220.98 | \$0.00 | 120.00 | 30.00 | 370.98 |
| Emp Only | 594.00 | | 108.33 | 702.33 | 118.80 | 583.53 |
| Emp+Spouse | 985.00 | | 216.66 | 1,201.66 | 197.00 | 1,004.66 |
| Emp+Child(ren) | 939.00 | | 216.66 | 1,155.66 | 187.80 | 967.86 |
| Emp+Family | 1,337.00 | | 216.66 | 1,553.66 | 267.40 | 1,286.26 |

Coverage Begins: the first day of the month following 30 days of employment.

Overage Ends: the last day of the month in which you separate from City service.

- A. To be eligible for retiree coverage, the employee must have 24 months of active coverage in the plan within the 36 months prior to retirement.
- B. A debit card is provided by Sterling to each employee at no cost to the employee or the City.
- C. The City agrees to frontload the entire deductible/contribution to the HSA or HRA of each enrolled employee who is employed January 1st of current year at the City's expense.

| | UNREP/EPOA | ECEA |
|---|---------------|---------------|
| City Contribution Towards Vision/Dental | 70.98 | 120.00 |
| Employee Contribution Towards Vision/Dental | 0.00 | 30.00 |
| City Paid Opt-Out Incentive | 300.00 | 220.97 |
| Total City Paid Benefit | 370.98 | 370.98 |

NOTE: Effective 07/01/2016, opt-out incentive pay for ECEA is \$220.98/month during fiscal year 2016/17 regardless of tier.