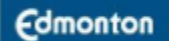


Out of Scope Employees  
City Benefits  
Contribution Rates



Major Medical Plan (Bi-weekly Premiums)			
Cost Sharing EE/ER <sup>1</sup>	Coverage	Employee Premium	Employer Premium
30/70%	Single	\$16.01	\$37.37
30/70%	Family	\$31.99	\$74.67
Dental Plan (Bi-weekly Premiums)			
Cost Sharing EE/ER	Coverage	Employee Premium	Employer Premium
35/65%	Single	\$12.65	\$23.48
35/65%	Family	\$31.60	\$58.67
Short-Term Disability			
Cost Sharing		Current Premium Rate (Bi-weekly)	
100% Employer		0.00%	
Long-Term Disability			
Cost Sharing		Current Premium Rate (Bi-weekly)	
100% Employee		1.18%	
Group Life Insurance rate per \$1,000 (Bi-weekly)			
Cost Sharing EE/ER		Employee Premium	Employer Premium
50/50%		\$0.012	\$0.012
Dependent Life Insurance (Bi-weekly)			
Cost Sharing		Employee Premium	Employer Premium
100% Employee		\$0.90	N/A

<sup>1</sup> EE = Employee, ER = Employer

**Optional Life Insurance**

**Bi-Weekly Rates per \$1,000 (Effective June 19, 2021)**

Age of Member Or Spouse/Partner	Male		Female		Undisclosed	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Up to 29	\$0.021	\$0.034	\$0.012	\$0.019	\$0.019	\$0.031
30-34	\$0.021	\$0.034	\$0.012	\$0.019	\$0.019	\$0.031
35-39	\$0.030	\$0.055	\$0.021	\$0.037	\$0.028	\$0.051
40-44	\$0.038	\$0.072	\$0.028	\$0.051	\$0.036	\$0.068
45-49	\$0.064	\$0.127	\$0.046	\$0.088	\$0.061	\$0.120
50-54	\$0.109	\$0.218	\$0.072	\$0.138	\$0.102	\$0.202
55-59	\$0.161	\$0.322	\$0.111	\$0.215	\$0.151	\$0.300
60-64	\$0.282	\$0.564	\$0.206	\$0.398	\$0.267	\$0.530