

2021 COMBINED DENTAL & VISION - SAFETY EMPLOYEES

**Dental (Group 0015) / Vision Plan (Plan C) Rates for UNITS 2, 5 & 9
Effective January 1, 2021**

<i>GROUP 3066-0015</i>	UNITS 2, 5 & 9 FIRE & POLICE	NO STUDENT CERTIFICATION REQUIRED Adult children covered until age 26	
MONTHLY PREMIUM	Semi Monthly Premium	EMPLOYEE CONTRIBUTION SEMI-MONTHLY* *For Part time rates, contact HR	
<i>Single</i>	\$73.31	\$36.65	\$1.83
<i>Double</i>	\$124.48	\$62.24	\$3.11
<i>Family</i>	\$176.72	\$88.36	\$4.41
* Dental is Group 3066-0015 with yearly maximum of \$2100, Vision is 12/12/12 with allowances of \$150/\$125 for frames and contacts. Enrollment is for a combined dental/vision program.			

**2021 COMBINED DENTAL & VISION - MISCELLANEOUS EMPLOYEES
(not including Unit 8 - Transit)**

**Dental (Group 0015) / Vision Plan (Plan C) Rates for Units 3, 4, 6, 7, 10-14, 16-18
Effective January 1, 2021**

NO STUDENT CERTIFICATION REQUIRED Adult children covered until age 26								
<i>GROUP 3066-0015</i>	All MISCELLANEOUS EMPLOYEE GROUPS EXCEPT UNIT 8	Semi-Monthly PT EE Payments*						
MONTHLY PREMIUM	Semi Monthly Premium	.50 FTE	.60 FTE	.75 FTE	.80 FTE	.90 FTE	** .95 FTE	
<i>Single</i>	\$73.31	\$36.65	\$18.33	\$14.66	\$9.16	\$7.33	\$3.67	\$1.83
<i>Double</i>	\$124.48	\$62.24	\$31.12	\$24.90	\$15.56	\$12.45	\$6.22	\$3.11
<i>Family</i>	\$176.72	\$88.36	\$44.18	\$35.34	\$22.09	\$17.67	\$8.84	\$4.42
* Dental is Group 3066-0015 with yearly maximum of \$2100, Vision is 12/12/12 with allowances of \$150/\$125 for frames and contacts. Enrollment is for a combined dental/vision program.								

*** Premiums deducted on the first and second paychecks of the month.**

*** For monthly payments, please double semi-monthly amounts**

***Semi-monthly amounts may vary by one cent due to rounding in IFAS**

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2021 COMBINED DENTAL CORE & VISION - UNIT 8 TRANSIT EMPLOYEES ONLY

Dental (Group 01001) CORE Plan /Vision Plan (Plan C) Rates for UNIT 8 Effective January 1, 2021									
GROUP 3066-01001	UNIT 8 TRANSIT			NO STUDENT CERTIFICATION REQUIRED Adult children covered until age 26					
MONTHLY PREMIUM	CITY ALLOWED PREMIUM +25	EE Semi Monthly Premium	Semi-Monthly PT EE Payments*						
			.50 FTE	.60 FTE	.75 FTE	.80 FTE	.90 FTE	** .95 FTE	
Single	\$79.31	\$98.31	\$0.00	\$19.83	\$15.86	\$9.91	\$7.93	\$3.97	\$1.98
Double	\$135.48	\$149.48	\$0.00	\$33.87	\$27.10	\$16.94	\$13.55	\$6.77	\$3.39
Family	\$191.72	\$201.72	\$0.00	\$47.93	\$38.34	\$23.97	\$19.17	\$9.59	\$4.79

* Dental is Group 3066-01002 with CORE plan yealy maximum of \$2100. Vision is 12/12/12 with allowances of \$150/\$125 for frames and contacts. Enrollment is for a combined dental/vision program.

2021 COMBINED DENTAL BUY-UP & VISION - UNIT 8 TRANSIT EMPLOYEES ONLY

Dental (Group 01002) BUY-UP OPTION /Vision Plan (Plan C) Rates for UNIT 8 Effective January 1, 2021									
GROUP 3066-01002	UNIT 8 TRANSIT			NO STUDENT CERTIFICATION REQUIRED Adult children covered until age 26					
MONTHLY PREMIUM	CITY ALLOWED PREMIUM +25	EE Semi Monthly Premium	Semi-Monthly PT EE Payments*						
			.50 FTE	.60 FTE	.75 FTE	.80 FTE	.90 FTE	** .95 FTE	
Single	\$96.31	\$98.31	\$0.00	\$24.58	\$19.66	\$12.29	\$9.83	\$4.92	\$2.46
Double	\$165.48	\$149.48	\$8.00	\$45.37	\$37.90	\$26.69	\$22.95	\$15.47	\$11.74
Family	\$233.72	\$201.72	\$16.00	\$66.43	\$56.34	\$41.22	\$36.17	\$26.09	\$21.04

* Dental is Group 3066-01002 with BUY-UP plan including a yearly maximum of \$3500, Vision is 12/12/12 with allowances of \$150/\$125 for frames and contacts. Enrollment is for a combined dental/vision program.

* Premiums deducted on the first and second paychecks of the month.

* For monthly payments, please double semi-monthly amounts

*Semi-monthly amounts may vary by one cent due to rounding in IFAS

** .95 FTE available for Unit 8 only

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