

# CITY OF PLANO

## MONTHLY CONTRIBUTION RATES

Effective January 1, 2018

Plan	Coverage Category	City Contribution	Employee Contribution	UHC Total	COBRA
<b>MEDICAL</b>					
UHC - Choice Plan	Employee Only	\$484	\$54	\$538	\$548.76
C4HP Plan	Employee + Spouse**	\$1,124	\$268	\$1,392	\$1,419.84
(with incentive)	Employee + Children	\$826	\$168	\$994	\$1,013.88
	Family	\$1,584	\$422	\$2,006	\$2,046.12
<b>MEDICAL</b>					
UHC - Choice Plan	Employee Only	\$484	\$104	\$588	\$548.76*
Non-C4HP Plan	Employee + Spouse**	\$1,124	\$368	\$1,442	\$1,419.84*
(without incentive)	Employee + Children	\$826	\$218	\$1,044	\$1,013.88*
	Family	\$1,584	\$522	\$2,056	\$2,046.12*
<b>DENTAL</b>					
UHC	Employee Only	\$20.16	\$15.00	\$35.16	\$35.86
	Employee + Spouse	\$33.60	\$36.00	\$69.60	\$70.99
	Employee + Children	\$40.32	\$47.00	\$87.32	\$89.07
	Family	\$57.80	\$75.00	\$132.80	\$135.46
<b>VISION</b>					
UHC	Employee Only	\$0.00	\$8.72	\$8.72	\$8.89
	Employee + Spouse	\$0.00	\$13.94	\$13.94	\$14.22
	Employee + Children	\$0.00	\$14.26	\$14.26	\$14.55
	Family	\$0.00	\$22.94	\$22.94	\$23.40

\*Only one COBRA rate is charged, which is 2% more than the incentive premiums.

\*\*Per the Affordable Care Act, employee and spouse incentives must be separate. If either the employee or spouse does not meet the C4H requirements, an additional \$50 per month will be charged.