

# CITY OF PLANO

## MONTHLY CONTRIBUTION RATES

Effective January 1, 2020

Plan	Coverage Category	City Contribution	Employee Contribution	UHC Total	COBRA
<b>MEDICAL</b>					
UHC - Choice Plan	Employee Only	\$484.00	\$54.00	\$538.00	\$548.76
C4HP Plan	Employee + Spouse**	\$1,124.00	\$268.00	\$1,392.00	\$1,419.84
(with incentive)	Employee + Children	\$826.00	\$168.00	\$994.00	\$1,013.88
	Family**	\$1,584.00	\$422.00	\$2,006.00	\$2,046.12
<b>MEDICAL</b>					
UHC - Choice Plan	Employee Only	\$484.00	\$104.00	\$588.00	\$548.76*
Non-C4HP Plan	Employee + Spouse**	\$1,124.00	\$368.00	\$1,492.00	\$1,419.84*
(without incentive)	Employee + Children	\$826.00	\$218.00	\$1,044.00	\$1,013.88*
	Family**	\$1,584.00	\$522.00	\$2,106.00	\$2,046.12*
<b>DENTAL</b>					
UHC	Employee Only	\$26.00	\$19.00	\$45.00	\$45.90
	Employee + Spouse	\$44.00	\$44.00	\$88.00	\$89.76
	Employee + Children	\$50.00	\$58.00	\$108.00	\$110.16
	Family	\$72.00	\$92.00	\$164.00	\$167.28
<b>VISION</b>					
UHC	Employee Only	\$0.00	\$8.54	\$8.54	\$8.71
	Employee + Spouse	\$0.00	\$13.66	\$13.66	\$13.93
	Employee + Children	\$0.00	\$13.97	\$13.97	\$14.25
	Family	\$0.00	\$22.48	\$22.48	\$22.93

\*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.