

Dental Plan		
Ameritas Low Plan	Monthly Premium Amount	Employee Monthly Contribution
Employee	\$42.07	\$0.00
Employee FOP	n/a	n/a
Employee + Spouse	\$81.51	\$8.15
Employee + Child(ren)	\$83.58	\$8.36
Employee + Family	\$103.20	\$10.32
Ameritas High Plan	Monthly Premium Amount	Employee Monthly Contribution
Employee	\$55.53	\$4.26
Employee FOP	\$55.53	\$0.00
Employee + Spouse	\$107.41	\$20.17
Employee + Child(ren)	\$118.14	\$22.12
Employee + Family	\$143.15	\$26.85

Medical Plan		
HCH Medical Wellness	Monthly Premium Amount	Employee Monthly Contribution
Employee	\$751.68	\$46.67
Employee FOP	\$751.68	\$25.00
Employee + Spouse	\$1,654.28	\$293.85
Employee + Child(ren)	\$1,503.90	\$267.14
Employee + Family	\$1,879.87	\$333.91
HCH Medical Non-Wellness	Monthly Premium Amount	Employee Monthly Contribution
Employee	\$916.48	\$56.90
Employee FOP	\$916.48	\$25.00
Employee + Spouse	\$2,016.95	\$358.27
Employee + Child(ren)	\$1,833.60	\$325.69
Employee + Family	\$2,291.99	\$407.16

City Contribution
\$42.07
n/a
\$73.36
\$75.22
\$92.88
City Contribution
\$51.27
\$55.53
\$87.24
\$96.02
\$116.30

City Contribution
\$705.01
\$724.45
\$1,360.43
\$1,236.76
\$1,545.96
City Contribution
\$859.58
\$888.57
\$1,658.68
\$1,507.91
\$1,884.83