

City of West Allis

March 1, 2021 Employer/Employee Contributions - 0.0% Increase to Medical, Dental, & Vision Rates

Preliminary

Last Updated: 12/01/2020

HEALTH INSURANCE RATES - MONTHLY BY TIER		2021 Monthly Premium	Employee Premium Share- FT	Employee Premium Share - .5 FTE	Employee Premium Share - .6 FTE	Employee Premium Share - .7 FTE	Employee Premium Share - .75 FTE	Employee Premium Share - .8 FTE	Employee Premium Share - .9 FTE	Employee Premium Share - .95 FTE
2020 PPO w/ HRA 12% - All Except Police	12%			0.5	0.6	0.7	0.75	0.8	0.9	0.95
Employee Only		\$762.00	\$91.44	\$426.72	\$359.66	\$292.61	\$259.08	\$225.55	\$158.50	\$124.97
Employee + 1		\$1,492.00	\$179.04	\$835.52	\$704.22	\$572.93	\$507.28	\$441.63	\$310.34	\$244.69
Family		\$2,186.00	\$262.32	\$1,224.16	\$1,031.79	\$839.42	\$743.24	\$647.06	\$454.69	\$358.50
2020 PPO w/ HRA 14%-Police	14%									
Employee Only		\$762.00	\$106.68	\$434.34	\$368.81	\$303.28	\$270.51	\$237.74	\$172.21	\$139.45
Employee + 1		\$1,492.00	\$208.88	\$850.44	\$722.13	\$593.82	\$529.66	\$465.50	\$337.19	\$273.04
Family		\$2,186.00	\$306.04	\$1,246.02	\$1,058.02	\$870.03	\$776.03	\$682.03	\$494.04	\$400.04
2020 PPO w/o HRA 20%	20%									
Employee Only		\$762.00	\$152.40	\$457.20	\$396.24	\$335.28	\$304.80	\$274.32	\$213.36	\$182.88
Employee + 1		\$1,492.00	\$298.40	\$895.20	\$775.84	\$656.48	\$596.80	\$537.12	\$417.76	\$358.08
Family		\$2,186.00	\$437.20	\$1,311.60	\$1,136.72	\$961.84	\$874.40	\$786.96	\$612.08	\$524.64
2020 HDHP w/ HRA 12% - All Except Police	12%									
Employee Only		\$973.00	\$116.76	\$544.88	\$459.26	\$373.63	\$330.82	\$288.01	\$202.38	\$159.57
Employee + 1		\$1,908.00	\$228.96	\$1,068.48	\$900.58	\$732.67	\$648.72	\$564.77	\$396.86	\$312.91
Family		\$2,792.00	\$335.04	\$1,563.52	\$1,317.82	\$1,072.13	\$949.28	\$826.43	\$580.74	\$457.89
2020 HDHP w/ HRA 14% - Police	14%									
Employee Only		\$973.00	\$136.22	\$554.61	\$470.93	\$387.25	\$345.42	\$303.58	\$219.90	\$178.06
Employee + 1		\$1,908.00	\$267.12	\$1,087.56	\$923.47	\$759.38	\$677.34	\$595.30	\$431.21	\$349.16
Family		\$2,792.00	\$390.88	\$1,591.44	\$1,351.33	\$1,111.22	\$991.16	\$871.10	\$630.99	\$510.94
2020 HDHP w/o HRA 20%	20%									
Employee Only		\$973.00	\$194.60	\$583.80	\$505.96	\$428.12	\$389.20	\$350.28	\$272.44	\$233.52
Employee + 1		\$1,908.00	\$381.60	\$1,144.80	\$992.16	\$839.52	\$763.20	\$686.88	\$534.24	\$457.92
Family		\$2,792.00	\$558.40	\$1,675.20	\$1,451.84	\$1,228.48	\$1,116.80	\$1,005.12	\$781.76	\$670.08
DENTAL INSURANCE RATES-MONTHLY										
		2021 Monthly Premium	Employee Premium Share- FT	Employee Premium Share - .5 FTE	Employee Premium Share - .6 FTE	Employee Premium Share - .7 FTE	Employee Premium Share - .75 FTE	Employee Premium Share - .8 FTE	Employee Premium Share - .9 FTE	Employee Premium Share - .95 FTE
Standard - Anthem				0.5	0.6	0.7	0.75	0.8	0.9	0.95
Employee		\$37.00	\$0.00	\$18.50	\$14.80	\$11.10	\$9.25	\$7.40	\$3.70	\$1.85
Family		\$105.00	\$0.00	\$52.50	\$42.00	\$31.50	\$26.25	\$21.00	\$10.50	\$5.25
Care Plus										
Employee		\$35.96	\$0.00	\$17.98	\$14.38	\$10.79	\$8.99	\$7.19	\$3.60	\$1.80
Family		\$110.62	\$0.00	\$55.31	\$44.25	\$33.19	\$27.66	\$22.12	\$11.06	\$5.53
VISION INSURANCE RATES-MONTHLY										
		2021 Monthly Premium	Employee Premium Share- FT	Employee Premium Share - .5 FTE	Employee Premium Share - .6 FTE	Employee Premium Share - .7 FTE	Employee Premium Share - .75 FTE	Employee Premium Share - .8 FTE	Employee Premium Share - .9 FTE	Employee Premium Share - .95 FTE
Superior - Employer Sponsored/Employee Paid				0.5	0.6	0.7	0.75	0.8	0.9	0.95
Employee		\$5.95	\$5.95	\$5.95	\$5.95	\$5.95	\$5.95	\$5.95	\$5.95	\$5.95
Family		\$16.21	\$16.21	\$16.21	\$16.21	\$16.21	\$16.21	\$16.21	\$16.21	\$16.21