

CITY OF PLANO

MONTHLY CONTRIBUTION RATES

Effective January 1, 2019

Plan	Coverage Category	City Contribution	Employee Contribution	UHC Total	COBRA
MEDICAL					
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
MEDICAL					
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*
DENTAL					
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
VISION					
UHC	Employee Only	\$0.00	\$8.54	\$8.54	\$8.72
	Employee + Spouse	\$0.00	\$13.66	\$13.66	\$13.94
	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.