SOA/EPA Employees City Benefits Contribution Rates

	Major Medical Pla	an (Bi-weekly Premiums)						
Cost Sharing EE/ER ¹	Coverage	Employee Premium	Employer Premium					
30/70%	Single	\$13.13	\$30.64					
30/70%	Family	\$26.24	\$61.24					
Dental Plan (Bi-weekly Premiums)								
Cost Sharing EE/ER	Coverage	Employee Premium	Employer Premium					
30/70%	Single	\$8.40	\$19.62					
30/70%	Family	\$21.17	\$49.40					
	Short-Te	rm Disability						
Cost	Sharing	Current Premium Rate (Bi-weekly)						
100% E	Employer	0.00%						
	Long-Te	rm Disability						
Cost	Sharing	Current Premium Rate (Bi-weekly)						
100% E	mployee	0.56%						
	Group Life Insurance	rate per \$1,000 (Bi-weekly)					
Cost Sha	ring EE/ER	Employee Premium	Employer Premium					
50	/50%	\$0.003	\$0.003					
	Dependent Life I	nsurance (Bi-weekly)						
Cost	Sharing	Employee Premium	Employer Premium					
100% E	mployee	\$0.25	N/A					

¹ EE = Employee, ER = Employer

Optional Life Insurance									
Bi-Weekly Rates per \$1,000 (Effective June 19, 2021)									
Age of Member Or Spouse/Partner	Male		Female		Undisclosed				
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker			
Up to 29	\$0.021	\$0.034	\$0.012	\$0.019	\$0.019	\$0.031			
30-34	\$0.021	\$0.034	\$0.012	\$0.019	\$0.019	\$0.031			
35-39	\$0.030	\$0.055	\$0.021	\$0.037	\$0.028	\$0.051			
40-44	\$0.038	\$0.072	\$0.028	\$0.051	\$0.036	\$0.068			
45-49	\$0.064	\$0.127	\$0.046	\$0.088	\$0.061	\$0.120			
50-54	\$0.109	\$0.218	\$0.072	\$0.138	\$0.102	\$0.202			
55-59	\$0.161	\$0.322	\$0.111	\$0.215	\$0.151	\$0.300			
60-64	\$0.282	\$0.564	\$0.206	\$0.398	\$0.267	\$0.530			