

Medical and Dental Costs Effective 1/1/2023

Employee Cost Category	Employee Choice Medical			Basic Health Plan* Medical		
	Annual	Monthly	Per Pay Period	Annual	Monthly	Per Pay Period
Single	\$184.08	\$15.34	\$7.67	\$4,464.24	\$372.02	\$186.01
Single + 1	\$2,132.40	\$177.70	\$88.85	\$18,212.40	\$1,517.70	\$758.85
Single + 2	\$2,711.52	\$225.96	\$112.98			
Single + 3	\$2,910.72	\$242.56	\$121.28			
Single + 4	\$3,077.76	\$256.48	\$128.24			

*No tiered dependent coverage. Dep coverage not supplemented by City.

Employee Cost Category	Dental		
	Annual	Monthly	Per Pay Period
Single	\$0.00	\$0.00	\$0.00
Single + 1	\$1,275.12	\$106.26	\$53.13
Single + 2	\$1,392.97	\$116.08	\$58.04
Single + 3	\$1,507.67	\$125.64	\$62.82
Single + 4	\$1,625.31	\$135.44	\$67.72