



City of Killeen

Proposed Medical/Dental Benefit Plan Rates Plan Year (PY) 2019-20

	Premium	Employee Monthly Premium	Employer Monthly Cost	Employee Cost	
Medical					
Option I (HDHP w/HSA)					
				w Incentive	w/o Incentives
Employee Only	\$342.20	\$0.00	\$342.20	\$0.00	\$50.00
Employee/Spouse	\$807.18	\$464.98	\$342.20	\$464.98	\$514.98
Employee/Children	\$492.90	\$150.70	\$342.20	\$150.70	\$200.70
Employee /Family	\$939.74	\$597.54	\$342.20	\$597.54	\$647.54
<i>City HSA Contribution = \$86.45 per month</i>					
Medical					
Option II (Co-Pay)					
				w Incentives	w/o Incentives
Employee Only	\$438.65	\$10.00	\$428.65	\$10.00	\$60.00
Employee/Spouse	\$1,035.67	\$607.02	\$428.65	\$607.02	\$657.02
Employee/Children	\$632.42	\$203.77	\$428.65	\$203.77	\$253.77
Employee /Family	\$1,205.71	\$777.06	\$428.65	\$777.06	\$827.06
Dental Plans					
Low Plan (Orthodontia to age 26)					
Employee Only	\$22.98	\$0.00	\$22.98		
Employee/Spouse	\$45.88	\$22.90	\$22.98		
Employee/Children	\$50.28	\$27.30	\$22.98		
Employee /Family	\$78.16	\$55.18	\$22.98		
Dental Plans					
High Plan (Orthodontia any age)					
Employee Only	\$27.20	\$4.22	\$22.98		
Employee/Spouse	\$54.28	\$31.30	\$22.98		
Employee/Children	\$59.48	\$36.50	\$22.98		
Employee /Family	\$92.48	\$69.50	\$22.98		

Note: Rates based on monthly amount.