



City of Surprise

Benefit Rates FY 2020

(Benefits deducted on 24 pay periods)

MEDICAL

BlueCross/BlueShield		Employee Only	Employee + 1	Employee + Family
EPO	Employee Pay Period Cost	\$26.00	\$98.00	\$154.00
	Employee Monthly Cost	\$52.00	\$196.00	\$308.00
	Employer Monthly Cost	\$517.46	\$942.92	\$1,286.50

HMO	Employee Pay Period Cost	\$32.50	\$122.50	\$192.50
	Employee Monthly Cost	\$65.00	\$245.00	\$385.00
	Employer Monthly Cost	\$564.24	\$1,013.46	\$1,376.88

PPO	Employee Pay Period Cost	\$32.50	\$122.50	\$192.50
	Employee Monthly Cost	\$65.00	\$245.00	\$385.00
	Employer Monthly Cost	\$543.42	\$971.82	\$1,318.54

DENTAL

Delta Dental		Employee Only	Employee + 1	Employee + Family
PPO	Employee Pay Period Cost	\$2.59	\$8.81	\$18.53
	Employee Monthly Cost	\$5.18	\$17.62	\$37.06
	Employer Monthly Cost	\$33.62	\$59.26	\$87.50

VISION

Avisis		Employee Only	Employee + Family
PPO	Employee Pay Period Cost	\$0.50	\$1.88
	Employee Monthly Cost	\$1.00	\$3.76
	Employer Monthly Cost	\$4.16	\$10.86