

**FULL TIME EMPLOYEE  
BENEFITS COSTS / FY 2020-2021**

<b>Health Insurance - \$500 Deductible Plan IAFF</b>		
	Employee Monthly	Employee Annual
Employee Only	\$86.00	\$1,032.00
Single Parent	\$97.00	\$1,164.00
Employee/Spouse	\$101.00	\$1,212.00
Full Family	\$105.00	\$1,260.00

<b>Health Insurance - \$500 Deductible Plan RPEA</b>		
	Employee Monthly	Employee Annual
Employee Only	\$116.00	\$1,392.00
Single Parent	\$127.00	\$1,524.00
Employee/Spouse	\$131.00	\$1,572.00
Full Family	\$135.00	\$1,620.00

<b>Health Insurance - \$500 Deductible Plan IBEW &amp; Nonrep</b>		
	Employee Monthly	Employee Annual
Employee Only	\$51.18	\$614.16
Single Parent	\$85.02	\$1,020.24
Employee/Spouse	\$98.76	\$1,185.12
Full Family	\$112.32	\$1,347.84

Dental and Vision are provided with 100% of costs paid by the City