

**FULL TIME EMPLOYEE
BENEFITS COSTS / FY 2022-2023**

Health Insurance - \$500 Deductible Plan IAFF		
	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

Health Insurance - \$500 Deductible Plan RPEA		
	Employee Monthly	Employee Annual
Employee Only	\$126.00	\$1,512.00
Single Parent	\$137.00	\$1,644.00
Employee/Spouse	\$141.00	\$1,692.00
Full Family	\$145.00	\$1,740.00

Health Insurance - \$500 Deductible Plan IBEW & Nonrep		
	Employee Monthly	Employee Annual
Employee Only	\$62.46	\$749.52
Single Parent	\$103.62	\$1,243.44
Employee/Spouse	\$120.36	\$1,444.32
Full Family	\$136.86	\$1,642.32

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