

**Premera Blue Cross Blue Shield of Alaska
Group 1011203**

Prices effective July 1, 2019 to June 30, 2020

Monthly Premium

| FULL TIME EMPLOYEE | CITY | EMPLOYEE | TOTAL |
|---------------------------|-------------|-----------------|--------------|
| Employee Only | \$ 970.79 | \$ 107.88* | \$ 1,078.67 |
| Employee & Spouse | \$ 1,818.01 | \$ 202.00* | \$ 2,020.01 |
| Employee and Family | \$ 2,604.46 | \$ 289.38* | \$ 2,893.84 |
| Employee & Child(ren) | \$ 1,757.30 | \$ 195.26* | \$ 1,952.56 |

*Employees monthly payment is deducted from second payroll check of each month. Employees enjoy a "premium payment vacation" in July and August 2019. No payments are deducted from paycheck two months each year.

Next opportunity to change enrollment will be during the Open Enrollment period in June of every year effective July 1st, unless there is a life-changing event (i.e., marriage, divorce, birth/adoption, other health care coverage dropped, etc.)

Employees working less than 40 hours per week, please call Human Resources at 747-1816 or Lindsey in payroll at 747-1825 to get the prorated rates for coverage. **Premera Medical and Dental Plan Booklets (and all other HR forms) are available at:**
<http://www.cityofsitka.com/government/departments/hr/EmployeeForms.html>