



**CITY OF SOUTH TUCSON**  
**2023/2024 Open Enrollment**  
**Insurance Plan Rates**

**Medical Insurance**

	BASE PLAN (HMO)		BUY-UP PLAN (PPO)		Average Employer Contribution	
	Employee Deductions		Employee Deductions			
	Premium Deduction/ Pay Period	Premium Deduction/ Mo.	Premium Deduction/ Pay Period	Premium Deduction/ Mo.	Premium Contribution/ Pay Period	Premium Contribution/ Mo.
Coverage / Tier						
Employee	15.00	30.00	43.25	86.50	251.65	503.31
Employee+Spouse	117.00	234.00	165.00	330.00	417.24	834.48
Employee+Children	82.13	164.25	131.75	263.50	438.57	877.15
Employee+Family	191.63	383.25	270.50	541.00	690.10	1380.20

**Voluntary Benefits**

	Vision - EyeMed		Dental - EDS		Dental - Sun Life	
	Employee Deductions		Employee Deductions		Employee Deductions	
	Premium Deduction/ Pay Period	Premium Deduction/ Mo.	Premium Deduction/ Pay Period	Premium Deduction/ Mo.	Premium Deduction/ Pay Period	Premium Deduction/ Mo.
Coverage / Tier						
Employee	2.81	5.62	5.74	11.48	6.04	12.08
Employee+1	5.35	10.70	11.43	22.86	9.77	19.54
Employee+Children	5.63	11.26	14.93	29.86	n/a	n/a
Employee+Family	8.27	16.54	17.22	34.44	14.96	29.92