

City of Helena Insurance Rates for All Plans 2014-2015

See summary of Coverage and or Plan Booklet for details of all coverages

Medical Insurance

MMIA Bridger Plan Type of Coverage	Monthly Contribution	
	Employee	Employer
Employee Only	34.00	719.00
Spouse	407.00	
Children	166.00	
Family	572.00	

MMIA Madison Plan Type of Coverage	Monthly Contribution		Apply Elsewhere
	Employee	Employer	
Employee Only	0.00	719.00	
Spouse	389.00		
Children	159.00		
Family	546.00		

MMIA Mission Plan Type of Coverage	Monthly Contribution		Apply elsewhere
	Employee	Employer	
Employee Only	0.00	663.00	56.00
Spouse	358.00		
Children	146.00		
Family	503.00		

Apply to other insurance products, reduce family rates, etc.

MMIA HDHP - HSA Type of Coverage	Monthly Contribution		Apply elsewhere
	Employee	Employer	
Employee Only	0.00	484.00	235.00
Spouse	262.00		
Children	107.00		
Family	368.00		

Apply to other insurance products, reduce family rates, etc.

Dental/Life Insurance

Type of Coverage	Monthly Contribution	
	Employee	Employer
Employee Only	0.00	42.68
Spouse	31.80	
Children	27.62	
Family	41.44	

\$25,000 Life and AD&D included in Employer Contribution. Optional Life available (see brochure)

Vision Service Plan (VSP)

Type of Coverage	Monthly Contribution	
	Employee	Employer
Employee Single	0.00	6.82
Employee+One	6.82	
Family	14.64	

Employee's Assistance Program - Life Care Services

Type of Coverage	Monthly Contribution	
	Employee	Employer
Employee/Family	0.00	0.44

MONTHLY RATES BASED on FULL TIME EMPLOYEES - PRO-RATED FOR PART-TIME