



City of Cherry Hills Village
2020 Benefit Contributions

Detailed Benefit Contributions by Plan
(Effective January 1, 2020 through December 31, 2020)

Your monthly cost for the various plan options are as follows:

Monthly Contributions

Benefit Plan	CHERRY HILLS VILLAGE <i>Monthly Share</i>	Employee Share <i>Monthly</i>	Employee Share <i>24 pay periods</i>
MEDICAL - Platinum			
Kaiser Permanente			
Employee Only	\$614.38	\$57.03	\$28.52
Employee + Spouse	\$1,195.90	\$146.92	\$73.46
Employee + Child(ren)	\$1,113.04	\$129.06	\$64.53
Employee + Family	\$1,681.69	\$231.82	\$115.91
MEDICAL - Gold			
Kaiser Permanente			
Employee Only	\$605.16	\$15.30	\$7.65
Employee + Spouse	\$1,179.54	\$61.38	\$30.69
Employee + Child(ren)	\$1,102.25	\$45.60	\$22.80
Employee + Family	\$1,657.09	\$111.22	\$55.61
MEDICAL - HSA			
Kaiser Permanente			
Employee Only	\$544.91	\$0.00	\$0.00
Employee + Spouse	\$1,089.83	\$0.00	\$0.00
Employee + Child(ren)	\$1,008.09	\$0.00	\$0.00
Employee + Family	\$1,553.01	\$0.00	\$0.00
HSA Contributions on your behalf			
City of Cherry Hills Village			
Employee Only	\$38.27		
Employee + Spouse	\$48.45		
Employee + Child(ren)	\$61.54		
Employee + Family	\$43.60		
DENTAL			
Principal			
Employee Only	\$26.81	\$0.00	\$0.00
Employee + Spouse	\$43.79	\$11.63	\$5.82
Employee + Child(ren)	\$51.04	\$25.40	\$12.70
Employee + Family	\$57.84	\$53.16	\$26.58
VISION			
EyeMed			
Employee Only	\$0.00	\$6.52	\$3.26
Employee + Spouse	\$0.00	\$12.38	\$6.19
Employee + Child(ren)	\$0.00	\$13.03	\$6.52
Employee + Family	\$0.00	\$19.15	\$9.58