

City of Pittsburgh

Medical Plan Rates

PMG and POA

2020

INSURANCE PROGRAMS			
PROGRAM	EMPLOYEE	DUAL	FAMILY
KAISER (Eff. 1/1/20)			
Total	778.80	1499.60	2097.87
City Share	778.80	1499.60	2097.87
Employee Share	0.00	0.00	0.00
Per Payday	0.00	0.00	0.00
ANTHEM EPO (Eff. 1/1/20)			
Closed to new enrollments effective 7/1/19			
Total	1085.31	2215.09	3139.57
City Share	880.97	1738.10	2445.10
Employee Share	204.34	476.99	694.47
Per Payday	102.17	238.50	347.23
ANTHEM PPO (Eff. 1/1/20)			
Total	782.20	1564.40	2190.16
City Share	779.93	1521.20	2128.63
Employee Share	2.27	43.20	61.53
Per Payday	1.13	21.60	30.76

For those employees having medical and/or dental insurance through a source other than their City employment, the City makes alternative reimbursement as follows:

MEDICAL	
Single	\$200.00/mo
Dual	\$300.00/mo
Family	\$500.00/mo

DENTAL
\$25.00/month

To receive alternative payment(s) for medical and/or dental insurance coverage, employees must complete a Waiver of Insurance form and submit proof of insurance to the Human Resources Department

City of Pittsburgh

Medical Plan Rates

**Misc. A, MPC, Teamsters, Senior Executive Team,
Management Group and Elected Officials**

2020

INSURANCE PROGRAMS			
PROGRAM	EMPLOYEE	DUAL	FAMILY
KAISER (Eff. 1/1/20)			
Total	778.80	1499.60	2097.87
City Share	778.80	1499.60	2097.87
Employee Share	0.00	0.00	0.00
Per Payday	0.00	0.00	0.00
ANTHEM EPO (Eff. 1/1/20)			
Closed to new enrollments effective 7/1/19			
Total	1085.31	2215.09	3139.57
City Share	778.80	1499.60	2097.87
Employee Share	306.51	715.49	1041.70
Per Payday	153.26	357.75	520.85
ANTHEM PPO (Eff. 1/1/20)			
Total	782.20	1564.40	2190.16
City Share	778.80	1499.60	2097.87
Employee Share	3.40	64.80	92.29
Per Payday	1.70	32.40	46.15

For those employees having medical and/or dental insurance through a source other than their City employment, the City makes alternative reimbursement as follows:

MEDICAL	
Single	\$200.00/mo
Dual	\$300.00/mo
Family	\$500.00/mo

DENTAL
\$25.00/month

To receive alternative payment(s) for medical and/or dental insurance coverage, employees must complete a Waiver of Insurance form and submit proof of insurance to the Human Resources Department