

Cost Of Your Benefits

The charts below show the bi-weekly employee rates for the various benefit plans effective October 1, 2024 - September 30, 2025

Group Health Plan (Blue Cross Blue Shield of Alabama)

Plan	Employee Only	Employee + Family
PPO Plan	\$120.00	\$245.00
HMP Plan	\$72.50	\$162.50
PPO Plan *(School Patrol Employee)	\$180.00	\$367.50
HMP Plan *(School Patrol Employee)	\$108.75	\$243.75

Rates include coverage for Medical, Dental, Prescription, Mental Health, Substance Abuse, and City Wellness Center [Wellness Program](#):

Annual HRA - Non-compliant employees are charged an additional \$25/pay period.

Tobacco User - Tobacco users are charged an additional \$17.50/pay period.

Vision Plan (VSP - Vision Service Plan)

Plan	Employee Only	Employee + 1	Employee + Family
Standard Plan	\$4.82	\$8.06	\$11.64
Premier Plan	\$5.95	\$9.95	\$14.37
Standard Plan *(School Patrol Employee)	\$7.23	\$12.09	\$17.45
Premier Plan *(School Patrol Employee)	\$8.92	\$14.93	\$21.55

Voluntary Employee and Dependent Life Insurance (MetLife Insurance Company)

Type	Premium	Benefit
Regular Employee	\$2.26	Employee - \$10,000
*School Patrol Employee	\$3.39	Spouse (Non-City Employee) - \$10,000 Eligible Dependent Children up to Age 26 - \$5,000

*School Patrol rates are based on 16 pay periods for the 2024 - 2025 plan year

Rates for Colonial Life products may vary for each individual based on age and level of coverage.

