



July 1, 2024 - June 30, 2025

1. Please select ONE medical plan. Pharmacy is required and included in the medical premium amount.
2. Choosing a dental plan is optional IF you have selected a medical plan. You cannot elect dental only.
3. You must cover the same number of people in medical and dental coverage.
4. You pay the Employee share.
5. Rates are effective through June 30, 2025; Employee cost share changes July 1, 2024.

NWFFT rates are effective 1/1/2025 - 12/31/2025

High Deductible Health Plan HDHP / Pharmacy					
Monthly Costs effective 1/1/2025 - 6/30/2025					Employee Share by Payroll Frequency
	Cobra Rate	100% Full Rate	City Pays 82.0%	Employee Pays 18.0%	Weekly
Employee	\$932.90	\$914.61	\$749.98	\$164.63	\$37.99
Employee plus one	\$2,027.05	\$1,987.30	\$1,629.59	\$357.71	\$82.55
Employee plus two or more	\$2,906.41	\$2,849.42	\$2,336.52	\$512.90	\$118.36

NWFFT rates are effective 1/1/2025 - 12/31/2025

Delta Dental - Plan 1					
Monthly Costs effective 1/1/2025 - 6/30/2025					Employee Share by Payroll Frequency
	Cobra Rate	100% Full Rate	City Pays 80.0%	Employee Pays 20.0%	Weekly
Employee	\$56.95	\$55.83	\$44.66	\$11.17	\$2.58
Employee plus one	\$106.20	\$104.12	\$83.30	\$20.82	\$4.80
Employee plus two or more	\$175.25	\$171.81	\$137.45	\$34.36	\$7.93

Comprehensive Vision					
Monthly Costs					Employee Share by Payroll Frequency
	100% Full Rate	City Pays 0.0%	Employee Pays 100.0%	Weekly	
Employee	\$8.95	\$0.00	\$8.95	\$2.07	
Employee plus one	\$17.11	\$0.00	\$17.11	\$3.95	
Employee plus two or more	\$27.31	\$0.00	\$27.31	\$6.30	