



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 December 31, 2024; Employee cost share changes July 1, 2024.

NWFFT rates are effective 1/1/2024 - 12/31/2024

High Deductible Health Plan HDHP / Pharmacy

Monthly Costs effective 1/1/2024 - 6/30/2024					Employee Share by Payroll Frequency
Cobra Rate	100% Full Rate	City Pays 82.0%	Employee Pays 18.0%	Weekly	
Employee	\$880.92	\$863.65	\$708.19	\$155.46	\$35.88
Employee plus one	\$1,914.11	\$1,876.58	\$1,538.80	\$337.78	\$77.95
Employee plus two or more	\$2,744.48	\$2,690.67	\$2,206.35	\$484.32	\$111.77

NWFFT rates are effective 1/1/2024 - 12/31/2024

Delta Dental - Plan 1

Monthly Costs effective 1/1/2024 - 6/30/2024					Employee Share by Payroll Frequency
Cobra Rate	100% Full Rate	City Pays 80.0%	Employee Pays 20.0%	Weekly	
Employee	\$55.28	\$54.20	\$43.36	\$10.84	\$2.50
Employee plus one	\$103.11	\$101.09	\$80.87	\$20.22	\$4.67
Employee plus two or more	\$170.15	\$166.81	\$133.45	\$33.36	\$7.70

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