

Firefighters are members of the International Association of Firefighters. Members receive medical, dental, vision coverage, retirement, basic life and AD&D, supplemental life and long term disability options. The following table outlines benefit contributions of the employee and the City:

IAFF						
2018 MONTHLY PREMIUM RATES						
Effective: January 1, 2018						
Covered Individuals	NWFFT-Medical & Vision			AWC Group Health Cooperative \$20 Co-Pay/\$200 Deductible		
	City Pays	Employee Pays	Total Premium	City Pays	Employee Pays	Total Premium
Employee	\$560.79	\$-	\$560.79	\$566.44	\$-	\$566.44
Employee & Spouse	\$1,125.44	\$99.65	\$1,225.09	\$1,039.88	\$83.55	\$1,123.43
Employee, Spouse & 1 Child	\$1,426.15	\$152.70	\$1,578.85	\$1,281.47	\$126.18	\$1,407.65
Employee, Spouse & 2+ Children*	\$1,584.27	\$180.62	\$1,764.89	\$1,523.06	\$168.81	\$1,691.87
Employee & 1 Child	\$861.49	\$53.06	\$914.55	\$808.03	\$42.63	\$850.66
Employee & 2+ Children*	\$1,019.63	\$80.97	\$1,100.60	\$1,049.61	\$85.27	\$1,134.88

Note: Rates for regular, part-time employees eligible for benefits will be pro-rated based on employee's regular, part-time status. Please contact Payroll at 753-8221 for specific rate information.

BASIC DENTAL PLAN F w/ORTHO PLAN 3 & VISION - GROUP HEALTH						
2018 MONTHLY PREMIUM RATES						
Effective: January 1, 2018						
Covered Individuals	Basic Dental Plan F w/Ortho Plan 3			Vision Service Plan \$25 Co-Pay		
	City Pays	Employee Pays	Total Premium	City Pays	Employee Pays	Total Premium
Employee	\$56.02	\$-	\$56.02	\$7.96	\$-	\$7.96
Employee & Spouse	\$106.68	\$-	\$106.68	\$15.92	\$-	\$15.92
Employee, Spouse & 1 Child	\$183.99	\$-	\$183.99	\$23.88	\$-	\$23.88
Employee, Spouse & 2+ Children*	\$183.99	\$-	\$183.99	\$23.88	\$-	\$23.88
Employee & 1 Child	\$106.68	\$-	\$106.68	\$15.92	\$-	\$15.92
Employee & 2+ Children*	\$183.99	\$-	\$183.99	\$23.88	\$-	\$23.88

*** NOTE: No additional charge for three or more dependents**

**NWFFT - DENTAL
2018 MONTHLY PREMIUM RA
Effective: January 1, 2018**

Covered Individuals	Basic Dental Plan 7			Vision included in Medical Coverage
	City Pays	Employee Pays	Total Premium	
Employee	\$54.49	\$-	\$54.49	
Employee & 1	\$101.58	\$-	\$101.58	
Employee & 2+	\$166.46	\$-	\$166.46	