



Plan Year January 1, 2021 – December 31, 2021

Optima Health Insurance Premiums

Documentation is required to enroll family members. Attach copies of **birth certificates, adoption papers, or court-ordered custody papers** to cover dependent children and a **marriage certificate** to cover your spouse. Social security numbers are required.

Optima Health Insurance Premiums

COVERAGE LEVEL		PER PAY PERIOD	MONTHLY
Employee Only	City Pays	\$283.25	\$566.50
	Employee Pays	\$67.46	\$134.92
	Total	\$350.71	\$701.42
Employee + Minor	City Pays	\$412.44	\$824.87
	Employee Pays	\$122.24	\$244.48
	Total	\$534.68	\$1,069.35
Employee + Family	City Pays	\$714.89	\$1,429.77
	Employee Pays	\$264.02	\$528.04
	Total	\$978.91	\$1,957.81

Delta Dental Premiums

COVERAGE LEVEL	PPO PLUS PREMIER		PPO EXCLUSIVE PANEL OPTION (EPO)	
	PER PAY PERIOD	MONTHLY	PER PAY PERIOD	MONTHLY
Employee Only	\$14.98	\$29.97	\$11.48	\$22.97
Employee + Minor	\$27.75	\$55.50	\$22.85	\$45.69
Family	\$39.79	\$79.58	\$37.09	\$74.18

Be sure to check the box for Delta Dental PPO Plus Premier OR EPO on your application

EyeMed Vision Premiums

COVERAGE LEVEL	PER PAY PERIOD	MONTHLY
Employee Only	\$4.16	\$8.32
Employee + Child/Children	\$8.31	\$16.62
Employee + Spouse	\$7.91	\$15.82
Family	\$12.22	\$24.44

Please feel free to email benefits at cohopenrollment@hampton.gov or call 727-6230 if you have any questions or need assistance.