

CITY OF RAYTOWN
 Medical, Dental and Vision Premium
 Effective July 1, 2025

	Monthly Rate	City Subsidy	Employee Premium	H S A	Paycheck Deduction
Single Plans					
29 QHDHP-2000	602.00	602.00	-	125.00	-
9 Copay-1500	808.00	771.46	36.54		18.27
21 INO-500	842.00	773.46	68.54		34.27
Tier 2 Plans					
10 QHDHP-2000	1,434.00	1,199.12	234.88	125.00	117.44
3 Copay-1500	1,860.00	1,336.12	523.88		261.94
3 INO-500	1,986.00	1,340.12	645.88		322.94
Family Plans					
15 QHDHP-2000	1,694.00	1,360.07	333.93	125.00	166.97
6 Copay-1500	2,186.00	1,499.07	686.93		343.47
4 INO-500	2,222.00	1,499.07	722.93		361.47
Dental Plans					
54 Single	36.00	32.46	3.54		1.77
48 Family	88.00	60.36	27.64		13.82
Vision Plans					
52 Single	8.00	7.16	0.84		0.42
20 Tier 2	16.00	11.42	4.58		2.29
27 Family	22.00	14.78	7.22		3.61