

# 2027 Benefits Rate Sheet

## City of Memphis

### PART-TIME EMPLOYEES



#### Dental Insurance - BCBST Premier Plan

|                        | Pay Period | Monthly |
|------------------------|------------|---------|
| Employee               | \$13.78    | \$27.56 |
| Employee + 1 Dependent | \$27.79    | \$55.58 |
| Employee + Family      | \$41.22    | \$82.44 |

#### Vision Insurance - BCBST Eye Med

|                        | Payperiod | Monthly |
|------------------------|-----------|---------|
| Employee               | \$2.12    | \$4.24  |
| Employee + 1 Dependent | \$4.05    | \$8.10  |
| Employee + Family      | \$7.35    | \$14.70 |

#### Short-Term Disability – (50% plan only)

|                 |        |  |
|-----------------|--------|--|
| % of Weekly Pay | 50%    |  |
| Cost per \$10   | \$0.16 |  |

#### Death Benefit

The City of Memphis pays a \$10,000 death benefit policy for all Part-time Employees who qualify

#### Part-Time Eligibility Requirements

Complete one year of continuous employment with the City of Memphis

Work a weekly average of at least 20 hours ( Minimum of 1,040 hours per fiscal/calendar year)

Expect and continue to work at least 20 hours per week for the remainder of the current year and the following year