

2024 Medical Plan Semi-Monthly Rates
Employees Represented by the San Jose Police Officers' Association and the
International Association of Fire Fighters, Local 230

Effective from 1/1/2024 (PP 1) through 12/31/2024 (PP 26)
Medical plan premiums are deducted the first 2 paydays of each month and are pre-tax.
Premiums are provided for 2 tier levels: Employee (EE) Only and EE plus Spouse (SP)/Domestic Partner (DP) and/or Child(ren).

Medical Plan Options

	ANTHEM SELECT HMO \$20 Copay		ANTHEM SELECT HMO \$1,500 Deductible		ANTHEM TRADITIONAL HMO \$20 Copay		ANTHEM CLASSIC PPO \$2,500 Deductible w HSA		ANTHEM CLASSIC PPO \$100 Deductible		ANTHEM SELECT PPO \$100 Deductible		KAISER HMO \$25 Copay		KAISER HSA \$3,000 Deductible	
	EE Only	EE + SP/DP and/or Child(ren)	EE Only	EE + SP/DP and/or Child(ren)	EE Only	EE + SP/DP and/or Child(ren)	EE Only	EE + SP/DP and/or Child(ren)	EE Only	EE + SP/DP and/or Child(ren)	EE Only	EE + SP/DP and/or Child(ren)	EE Only	EE + SP/DP and/or Child(ren)	EE Only	EE + SP/DP and/or Child(ren)
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs																
Employee Contribution	\$ 47.01	\$ 126.86	\$ 0.00	\$ 0.00	\$ 164.48	\$ 522.22	\$ 450.90	\$ 1295.16	\$ 1,059.57	\$ 2,937.65	\$ 966.24	\$ 2,685.83	\$ 66.34	\$ 165.20	\$ 0.00	\$ 0.00
City Contribution	\$ 423.11	\$ 1,141.71	\$ 362.44	\$ 978.06	\$ 375.96	\$ 936.13	\$ 375.96	\$ 936.13	\$ 375.96	\$ 936.13	\$ 375.96	\$ 936.13	\$ 375.96	\$ 936.13	\$ 292.18	\$ 727.52
Total	\$ 470.12	\$ 1,268.57	\$ 362.44	\$ 978.06	\$ 540.44	\$ 1,458.35	\$ 826.86	\$ 2,231.29	\$ 1,435.53	\$ 3,873.78	\$ 1,342.20	\$ 3,621.96	\$ 442.30	\$ 1,101.33	\$ 292.18	\$ 727.52
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs																
Employee Contribution	\$ 152.79	\$ 412.29	\$ 90.61	\$ 244.51	\$ 258.47	\$ 756.25	\$ 544.89	\$ 1,529.19	\$ 1,153.56	\$ 3,171.68	\$ 1,060.23	\$ 2,919.86	\$ 160.33	\$ 399.23	\$ 73.04	\$ 181.88
City Contribution	\$ 317.33	\$ 856.28	\$ 271.83	\$ 733.55	\$ 281.97	\$ 702.10	\$ 281.97	\$ 702.10	\$ 281.97	\$ 702.10	\$ 281.97	\$ 702.10	\$ 281.97	\$ 702.10	\$ 219.14	\$ 545.64
Total	\$ 470.12	\$ 1,268.57	\$ 362.44	\$ 978.06	\$ 540.44	\$ 1,458.35	\$ 826.86	\$ 2,231.29	\$ 1,435.53	\$ 3,873.78	\$ 1,342.20	\$ 3,621.96	\$ 442.30	\$ 1,101.33	\$ 292.18	\$ 727.52
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs																
Employee Contribution	\$ 205.68	\$ 555.00	\$ 135.91	\$ 366.77	\$ 305.46	\$ 873.27	\$ 591.88	\$ 1,646.21	\$ 1,200.55	\$ 3,288.70	\$ 1,107.22	\$ 3,036.88	\$ 207.32	\$ 516.25	\$ 109.57	\$ 272.82
City Contribution	\$ 264.44	\$ 713.57	\$ 226.53	\$ 611.29	\$ 234.98	\$ 585.08	\$ 234.98	\$ 585.08	\$ 234.98	\$ 585.08	\$ 234.98	\$ 585.08	\$ 234.98	\$ 585.08	\$ 182.61	\$ 454.70
Total	\$ 470.12	\$ 1,268.57	\$ 362.44	\$ 978.06	\$ 540.44	\$ 1,458.35	\$ 826.86	\$ 2,231.29	\$ 1,435.53	\$ 3,873.78	\$ 1,342.20	\$ 3,621.96	\$ 442.30	\$ 1,101.33	\$ 292.18	\$ 727.52
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs																
Employee Contribution	\$ 258.56	\$ 697.71	\$ 181.22	\$ 489.03	\$ 352.46	\$ 990.28	\$ 638.88	\$ 1,763.22	\$ 1,247.55	\$ 3,405.71	\$ 1,154.22	\$ 3,153.89	\$ 254.32	\$ 633.26	\$ 146.09	\$ 363.76
City Contribution	\$ 211.56	\$ 570.86	\$ 181.22	\$ 489.03	\$ 187.98	\$ 468.07	\$ 187.98	\$ 468.07	\$ 187.98	\$ 468.07	\$ 187.98	\$ 468.07	\$ 187.98	\$ 468.07	\$ 146.09	\$ 363.76
Total	\$ 470.12	\$ 1,268.57	\$ 362.44	\$ 978.06	\$ 540.44	\$ 1,458.35	\$ 826.86	\$ 2,231.29	\$ 1,435.53	\$ 3,873.78	\$ 1,342.20	\$ 3,621.96	\$ 442.30	\$ 1,101.33	\$ 292.18	\$ 727.52

HEALTH IN-LIEU PLAN PAYMENTS

Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ hours)

Payments are made every payday and are subject to tax withholding

If eligible for EE Only coverage: **\$89.09**
If eligible for EE+SP/DP and/or Child(ren) coverage: **\$221.84**