

2024 Medical Plan Semi-Monthly Rates
For All Employees (Except Employees Represented by the POA and IAFF, 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 4 tier levels: Employee (EE) Only, EE plus Spouse (SP) or Domestic Partner (DP), EE plus Child(ren),
and EE plus SP/DP and Child(ren)

ANTHEM BLUE CROSS HMO PLANS

	\$1500 Deductible Select HMO				\$20 Copay Select HMO				\$20 Copay Traditional HMO			
	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs												
Employee Contribution	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 47.01	\$ 103.42	\$ 84.62	\$ 145.73	\$ 172.76	\$ 453.61	\$ 329.38	\$ 572.32
City Contribution	\$ 362.44	\$ 797.39	\$ 652.39	\$ 1,123.59	\$ 423.11	\$ 930.82	\$ 761.59	\$ 1,311.59	\$ 367.68	\$ 735.34	\$ 643.42	\$ 1,103.02
Total	\$ 362.44	\$ 797.39	\$ 652.39	\$ 1,123.59	\$ 470.12	\$ 1,034.24	\$ 846.21	\$ 1,457.32	\$ 540.44	\$ 1,188.95	\$ 972.80	\$ 1,675.34
75% Benefits: Part-Time Employees & RWW Employees who work 30 - 34 Hrs												
Employee Contribution	\$ 90.61	\$ 199.35	\$ 163.10	\$ 280.90	\$ 152.79	\$ 336.12	\$ 275.02	\$ 473.63	\$ 264.68	\$ 637.44	\$ 490.23	\$ 848.07
City Contribution	\$ 271.83	\$ 598.04	\$ 489.29	\$ 842.69	\$ 317.33	\$ 698.12	\$ 571.19	\$ 983.69	\$ 275.76	\$ 551.51	\$ 482.57	\$ 827.27
Total	\$ 362.44	\$ 797.39	\$ 652.39	\$ 1,123.59	\$ 470.12	\$ 1,034.24	\$ 846.21	\$ 1,457.32	\$ 540.44	\$ 1,188.95	\$ 972.80	\$ 1,675.34
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs												
Employee Contribution	\$ 135.91	\$ 299.02	\$ 244.65	\$ 421.35	\$ 205.68	\$ 452.48	\$ 370.22	\$ 637.58	\$ 310.64	\$ 729.36	\$ 570.66	\$ 985.95
City Contribution	\$ 226.53	\$ 498.37	\$ 407.74	\$ 702.24	\$ 264.44	\$ 581.76	\$ 475.99	\$ 819.74	\$ 229.80	\$ 459.59	\$ 402.14	\$ 689.39
Total	\$ 362.44	\$ 797.39	\$ 652.39	\$ 1,123.59	\$ 470.12	\$ 1,034.24	\$ 846.21	\$ 1,457.32	\$ 540.44	\$ 1,188.95	\$ 972.80	\$ 1,675.34
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs												
Employee Contribution	\$ 181.22	\$ 398.69	\$ 326.19	\$ 561.79	\$ 258.56	\$ 568.83	\$ 465.41	\$ 801.52	\$ 356.60	\$ 821.28	\$ 651.09	\$ 1,123.83
City Contribution	\$ 181.22	\$ 398.70	\$ 326.20	\$ 561.80	\$ 211.56	\$ 465.41	\$ 380.80	\$ 655.80	\$ 183.84	\$ 367.67	\$ 321.71	\$ 551.51
Total	\$ 362.44	\$ 797.39	\$ 652.39	\$ 1,123.59	\$ 470.12	\$ 1,034.24	\$ 846.21	\$ 1,457.32	\$ 540.44	\$ 1,188.95	\$ 972.80	\$ 1,675.34

ANTHEM BLUE CROSS PPO PLANS

	\$100 Deductible Select PPO				\$100 Deductible Classic PPO				Anthem \$2500 Deductible Classic PPO w HSA			
	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs												
Employee Contribution	\$ 974.52	\$ 2,217.53	\$ 1,772.56	\$ 3,057.87	\$ 1,067.85	\$ 2,422.84	\$ 1,940.52	\$ 3,347.12	\$ 459.18	\$ 1,083.75	\$ 844.93	\$ 1,460.27
City Contribution	\$ 367.68	\$ 735.34	\$ 643.42	\$ 1,103.02	\$ 367.68	\$ 735.34	\$ 643.42	\$ 1,103.02	\$ 367.68	\$ 735.34	\$ 643.42	\$ 1,103.02
Total	\$ 1,342.20	\$ 2,952.87	\$ 2,415.98	\$ 4,160.89	\$ 1,435.53	\$ 3,158.18	\$ 2,583.94	\$ 4,450.14	\$ 826.86	\$ 1,819.09	\$ 1,488.35	\$ 2,563.29
75% Benefits: Part-Time Employees & RWW Employees who work 30 - 34 Hrs												
Employee Contribution	\$ 1,066.44	\$ 2,401.36	\$ 1,933.41	\$ 3,333.62	\$ 1,159.77	\$ 2,606.67	\$ 2,101.37	\$ 3,622.87	\$ 551.10	\$ 1,267.58	\$ 1,005.78	\$ 1,736.02
City Contribution	\$ 275.76	\$ 551.51	\$ 482.57	\$ 827.27	\$ 275.76	\$ 551.51	\$ 482.57	\$ 827.27	\$ 275.76	\$ 551.51	\$ 482.57	\$ 827.27
Total	\$ 1,342.20	\$ 2,952.87	\$ 2,415.98	\$ 4,160.89	\$ 1,435.53	\$ 3,158.18	\$ 2,583.94	\$ 4,450.14	\$ 826.86	\$ 1,819.09	\$ 1,488.35	\$ 2,563.29
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs												
Employee Contribution	\$ 1,112.40	\$ 2,493.28	\$ 2,013.84	\$ 3,471.50	\$ 1,205.73	\$ 2,698.59	\$ 2,181.80	\$ 3,760.75	\$ 597.06	\$ 1,359.50	\$ 1,086.21	\$ 1,873.90
City Contribution	\$ 229.80	\$ 459.59	\$ 402.14	\$ 689.39	\$ 229.80	\$ 459.59	\$ 402.14	\$ 689.39	\$ 229.80	\$ 459.59	\$ 402.14	\$ 689.39
Total	\$ 1,342.20	\$ 2,952.87	\$ 2,415.98	\$ 4,160.89	\$ 1,435.53	\$ 3,158.18	\$ 2,583.94	\$ 4,450.14	\$ 826.86	\$ 1,819.09	\$ 1,488.35	\$ 2,563.29
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs												
Employee Contribution	\$ 1,158.36	\$ 2,585.20	\$ 2,094.27	\$ 3,609.38	\$ 1,251.69	\$ 2,790.51	\$ 2,262.23	\$ 3,898.63	\$ 643.02	\$ 1,451.42	\$ 1,166.64	\$ 2,011.78
City Contribution	\$ 183.84	\$ 367.67	\$ 321.71	\$ 551.51	\$ 183.84	\$ 367.67	\$ 321.71	\$ 551.51	\$ 183.84	\$ 367.67	\$ 321.71	\$ 551.51
Total	\$ 1,342.20	\$ 2,952.87	\$ 2,415.98	\$ 4,160.89	\$ 1,435.53	\$ 3,158.18	\$ 2,583.94	\$ 4,450.14	\$ 826.86	\$ 1,819.09	\$ 1,488.35	\$ 2,563.29

KAISER PERMANENTE HMO PLANS

	HSA \$3,000 Deductible				\$1500 Deductible				\$25 Copay			
	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs												
Employee Contribution	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 64.88	\$ 129.77	\$ 113.55	\$ 194.65
City Contribution	\$ 298.42	\$ 596.84	\$ 522.23	\$ 895.26	\$ 354.19	\$ 708.37	\$ 619.83	\$ 1,062.56	\$ 367.68	\$ 735.34	\$ 643.42	\$ 1,103.02
Total	\$ 298.42	\$ 596.84	\$ 522.23	\$ 895.26	\$ 354.19	\$ 708.37	\$ 619.83	\$ 1,062.56	\$ 432.56	\$ 865.11	\$ 756.97	\$ 1,297.67
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs												
Employee Contribution	\$ 74.60	\$ 149.21	\$ 130.56	\$ 223.81	\$ 88.55	\$ 177.09	\$ 154.96	\$ 265.64	\$ 156.80	\$ 313.60	\$ 274.40	\$ 470.40
City Contribution	\$ 223.82	\$ 447.63	\$ 391.67	\$ 671.45	\$ 265.64	\$ 531.28	\$ 464.87	\$ 796.92	\$ 275.76	\$ 551.51	\$ 482.57	\$ 827.27
Total	\$ 298.42	\$ 596.84	\$ 522.23	\$ 895.26	\$ 354.19	\$ 708.37	\$ 619.83	\$ 1,062.56	\$ 432.56	\$ 865.11	\$ 756.97	\$ 1,297.67
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs												
Employee Contribution	\$ 111.91	\$ 223.81	\$ 195.84	\$ 335.72	\$ 132.82	\$ 265.64	\$ 232.44	\$ 398.46	\$ 202.76	\$ 405.52	\$ 354.83	\$ 608.28
City Contribution	\$ 186.51	\$ 373.03	\$ 326.39	\$ 559.54	\$ 221.37	\$ 442.73	\$ 387.39	\$ 664.10	\$ 229.80	\$ 459.59	\$ 402.14	\$ 689.39
Total	\$ 298.42	\$ 596.84	\$ 522.23	\$ 895.26	\$ 354.19	\$ 708.37	\$ 619.83	\$ 1,062.56	\$ 432.56	\$ 865.11	\$ 756.97	\$ 1,297.67
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs												
Employee Contribution	\$ 149.21	\$ 298.42	\$ 261.11	\$ 447.63	\$ 177.09	\$ 354.18	\$ 309.91	\$ 531.28	\$ 248.72	\$ 497.44	\$ 435.26	\$ 746.16
City Contribution	\$ 149.21	\$ 298.42	\$ 261.12	\$ 447.63	\$ 177.10	\$ 354.19	\$ 309.92	\$ 531.28	\$ 183.84	\$ 367.67	\$ 321.71	\$ 551.51
Total	\$ 298.42	\$ 596.84	\$ 522.23	\$ 895.26	\$ 354.19	\$ 708.37	\$ 619.83	\$ 1,062.56	\$ 432.56	\$ 865.11	\$ 756.97	\$ 1,297.67

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

Rate for Employees Represented by OE3 & IBEW	If eligible for EE Only coverage:	\$ 89.09
Rate for All Other Employees	If eligible for EE Only coverage:	\$ 102.00
	If eligible for EE+SP/DP coverage:	\$ 147.87
	If eligible for EE+Child(ren) coverage:	\$ 129.39
	If eligible for EE+SP/DP+Child(ren) coverage:	\$ 221.84