

2025 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 1/1/2025 (PP 1) through 12/31/2025 (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	\$ 49.36	\$ 133.20	\$ 0.00	\$ 0.00	\$ 165.73	\$ 530.96	\$ 466.48	\$ 1342.55	\$ 1,105.58	\$ 3,067.16	\$ 1,007.58	\$ 2,802.75	\$ 70.89	\$ 176.52	\$ 0.00	\$ 0.00
City Contribution	\$ 444.27	\$ 1,198.80	\$ 380.56	\$ 1,026.97	\$ 401.73	\$ 1,000.31	\$ 401.73	\$ 1,000.31	\$ 401.73	\$ 1,000.31	\$ 401.73	\$ 1,000.31	\$ 401.73	\$ 1,000.31	\$ 312.21	\$ 777.40
Total	\$ 493.63	\$ 1,332.00	\$ 380.56	\$ 1,026.97	\$ 567.46	\$ 1,531.27	\$ 868.21	\$ 2,342.86	\$ 1,507.31	\$ 4,067.47	\$ 1,409.31	\$ 3,803.06	\$ 472.62	\$ 1,176.83	\$ 312.21	\$ 777.40
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs																
Employee Contribution	\$ 160.43	\$ 432.90	\$ 95.14	\$ 256.74	\$ 266.16	\$ 781.04	\$ 566.91	\$ 1,592.63	\$ 1,206.01	\$ 3,317.24	\$ 1,108.01	\$ 3,052.83	\$ 171.32	\$ 426.60	\$ 78.05	\$ 194.35
City Contribution	\$ 333.20	\$ 899.10	\$ 285.42	\$ 770.23	\$ 301.30	\$ 750.23	\$ 301.30	\$ 750.23	\$ 301.30	\$ 750.23	\$ 301.30	\$ 750.23	\$ 301.30	\$ 750.23	\$ 234.16	\$ 583.05
Total	\$ 493.63	\$ 1,332.00	\$ 380.56	\$ 1,026.97	\$ 567.46	\$ 1,531.27	\$ 868.21	\$ 2,342.86	\$ 1,507.31	\$ 4,067.47	\$ 1,409.31	\$ 3,803.06	\$ 472.62	\$ 1,176.83	\$ 312.21	\$ 777.40
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs																
Employee Contribution	\$ 215.96	\$ 582.75	\$ 142.71	\$ 385.11	\$ 316.38	\$ 906.08	\$ 617.13	\$ 1,717.67	\$ 1,256.23	\$ 3,442.28	\$ 1,158.23	\$ 3,177.87	\$ 221.54	\$ 551.64	\$ 117.08	\$ 291.52
City Contribution	\$ 277.67	\$ 749.25	\$ 237.85	\$ 641.86	\$ 251.08	\$ 625.19	\$ 251.08	\$ 625.19	\$ 251.08	\$ 625.19	\$ 251.08	\$ 625.19	\$ 251.08	\$ 625.19	\$ 195.13	\$ 485.88
Total	\$ 493.63	\$ 1,332.00	\$ 380.56	\$ 1,026.97	\$ 567.46	\$ 1,531.27	\$ 868.21	\$ 2,342.86	\$ 1,507.31	\$ 4,067.47	\$ 1,409.31	\$ 3,803.06	\$ 472.62	\$ 1,176.83	\$ 312.21	\$ 777.40
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs																
Employee Contribution	\$ 271.49	\$ 732.60	\$ 190.28	\$ 513.48	\$ 366.59	\$ 1,031.11	\$ 667.34	\$ 1,842.70	\$ 1,306.44	\$ 3,567.31	\$ 1,208.44	\$ 3,302.90	\$ 271.75	\$ 676.67	\$ 156.10	\$ 388.70
City Contribution	\$ 222.14	\$ 599.40	\$ 190.28	\$ 513.49	\$ 200.87	\$ 500.16	\$ 200.87	\$ 500.16	\$ 200.87	\$ 500.16	\$ 200.87	\$ 500.16	\$ 200.87	\$ 500.16	\$ 156.11	\$ 388.70
Total	\$ 493.63	\$ 1,332.00	\$ 380.56	\$ 1,026.97	\$ 567.46	\$ 1,531.27	\$ 868.21	\$ 2,342.86	\$ 1,507.31	\$ 4,067.47	\$ 1,409.31	\$ 3,803.06	\$ 472.62	\$ 1,176.83	\$ 312.21	\$ 777.40

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

Employees represented by POA: If eligible for EE Only coverage:	\$89.09
Employees represented by IAFF: If eligible for EE Only coverage:	\$102.00
If eligible for EE+SP/DP and/or Child(ren) coverage:	\$221.84