

2024 HEALTH RATES

Carrier	Coverage Level	Total Monthly Cost	Amount City Pays (Per Month)	Amount Employee Pays (Per Month)	Remaining Monthly Allowance
Anthem HMO Select	Employee Only	\$841.13	\$773.17	\$67.96	\$0.00
	Two Party	\$1,682.26	\$1,546.10	\$136.16	\$0.00
	Family	\$2,186.94	\$2,048.39	\$138.55	\$0.00
Anthem HMO Traditional	Employee Only	\$1,012.67	\$773.17	\$239.50	\$0.00
	Two Party	\$2,025.34	\$1,546.10	\$479.24	\$0.00
	Family	\$2,632.94	\$2,048.39	\$584.55	\$0.00
Blue Shield Access + HMO	Employee Only	\$756.65	\$773.17	\$0.00	\$16.52
	Two Party	\$1,513.30	\$1,546.10	\$0.00	\$32.80
	Family	\$1,967.29	\$2,048.39	\$0.00	\$81.10
Blue Shield Trio	Employee Only	\$704.69	\$773.17	\$0.00	\$68.48
	Two Party	\$1,409.38	\$1,546.10	\$0.00	\$136.72
	Family	\$1,832.19	\$2,048.39	\$0.00	\$216.20
Health Salud y Mas HMO	Employee Only	\$630.13	\$773.17	\$0.00	\$143.04
	Two Party	\$1,260.26	\$1,546.10	\$0.00	\$285.84
	Family	\$1,638.34	\$2,048.39	\$0.00	\$410.05
Kaiser HMO	Employee Only	\$865.41	\$773.17	\$92.24	\$0.00
	Two Party	\$1,730.82	\$1,546.10	\$184.72	\$0.00
	Family	\$2,250.07	\$2,048.39	\$201.68	\$0.00
Pers Platinum PPO (formerly PERS Care/Choice)	Employee Only	\$1,131.47	\$773.17	\$358.30	\$0.00
	Two Party	\$2,262.94	\$1,546.10	\$716.84	\$0.00
	Family	\$2,941.82	\$2,048.39	\$893.43	\$0.00
Pers Gold PPO (formerly Select)	Employee Only	\$785.28	\$773.17	\$12.11	\$0.00
	Two Party	\$1,570.56	\$1,546.10	\$24.46	\$0.00
	Family	\$2,041.73	\$2,048.39	\$0.00	\$6.66
Porac PPO	Employee Only	\$926.00	\$773.17	\$152.82	\$0.00
	Two Party	\$1,863.00	\$1,546.10	\$316.90	\$0.00
	Family	\$2,371.00	\$2,048.39	\$322.61	\$0.00
United HealthCare Alliance	Employee Only	\$826.44	\$773.17	\$53.27	\$0.00
	Two Party	\$1,652.88	\$1,546.10	\$106.78	\$0.00
	Family	\$2,148.74	\$2,048.39	\$100.35	\$0.00
United HealthCare Harmony	Employee Only	\$734.76	\$773.17	\$0.00	\$38.41
	Two Party	\$1,469.52	\$1,546.10	\$0.00	\$76.58
	Family	\$1,910.38	\$2,048.39	\$0.00	\$138.01

***REMAINING ALLOWANCE IS ALLOCATED TO DENTAL AND VISION INSURANCE**

MEDICAL OPT OUT AMOUNTS (MONTHLY)

EMPLOYEE ONLY \$200

TWO PARTY \$400

FAMILY \$600