



Department of Human Resources Benefits Rates 2024 – General Unit

January 1, 2024 – December 31, 2024

All premium and deduction rates are based on monthly amounts

City Provided

Health Plan Allowance

Available only when a medical plan is selected

FTE Status	Single Rate	2 Party Rate	Family Rate
Full Time 1 FTE	911.00	1750.00	2380.00
Part Time .75 FTE	683.00	1313.00	1785.00
Part Time .50 FTE	456.00	875.00	1190.00

Use the City provided Health Allowance to select benefit options that are best for you.

	Carrier	Single Rate	2 Party Rate	Family Rate
MEDICAL	Anthem Select HMO	841.13	1682.26	2186.94
	Anthem Traditional HMO	1012.67	2025.34	2632.94
	Blue Shield Access + HMO	756.65	1513.30	1967.29
	Blue Shield Trio HMO	704.69	1409.38	1832.19
	Kaiser Permanente	865.41	1730.82	2250.07
	PERS Gold PPO	785.28	1570.56	2041.73
	PERS Platinum PPO	1131.47	2262.94	2941.82
	UnitedHealthcare Alliance HMO	826.44	1652.88	2148.74
	UnitedHealthcare Harmony HMO	734.76	1469.52	1910.38
	DENTAL	Delta PPO	42.62	90.70
Delta DHMO		17.23	29.82	39.08
VISION	VSP	13.42	13.42	13.42
EAP	Aetna Resources for Living	City Provided		
LIFE	New York Life	\$50,000 coverage / City Provided		
NOTES	Employees may elect to opt out and receive up to \$300 per month. Please refer to the General Unit MOU for more information.			