



Department of Human Resources Benefits Rates 2024 – MAPS, EX, ELECTED

January 1, 2024 – December 31, 2024 All premium and deduction rates are based on monthly amounts				
City Provided Health Plan Allowance <i>Available only when a medical plan is selected</i>	FTE Status	Single Rate	2 Party Rate	Family Rate
	Full Time 1 FTE	893.00	1797.00	2349.00
	Part Time .75 FTE	670.00	1348.00	1762.00
	Part Time .50 FTE	447.00	899.00	1175.00
Use the City provided Health Allowance to select benefit options that are best for you.				
MEDICAL	Carrier	Single Rate	2 Party Rate	Family Rate
	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	142.60
	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 \$300.00 per month. Please refer to the MAPS MOU for more information.			