January 1, 2025 – December 31, 2025 All premium and deduction rates are based on monthly amounts

All premium and deduction rates are based on monthly amounts					
City Provided		FTE Status	Single Rate	Two Party Rate	Family Rate
Health Plan Allowance Available only when a medical plan is selected		Full Time 1 FTE	1,191.53	2,257.47	2,417.33
Use the City provided Health Allowance to select benefit options that are best for you.					
MEDICAL	Carrier		Single Rate	Two Party Rate	Family Rate
	Blue Shield High Option PPO		1,325.33	2,543.92	2,695.74
	Blue Shield Low Option EPO		1,235.04	2,370.62	2,512.09
DENTAL	Aetna PPO/DMO		39.36	82.47	146.09
VISION	VSP		13.42	13.42	13.42
EAP	Aetna Resources for And Counseling Tear			ı	
LIFE	New York Life		\$50,000 coverage / City Provided		
NOTES	Rates above are monthly amounts				