## 2024 HEALTH BENEFIT RATES TEAMSTERS LOCAL 911

## **SECTION 125 CAFETERIA PLAN (NON-CASH OUT)**

Blue Shield Medical Full Network HMO 15/100 (High HMO)								
TIER		PREMIUM	(	CITY CONTRIBUTION		BALANCE		
Emp Only	\$	876.57	\$	1,120.00	\$	(243.43)		
Emp + Spouse	\$	1,652.33	\$	1,510.91	\$	141.42		
Emp + Child(ren)	\$	1,498.63	\$	1,256.45	\$	242.18		
Emp + Family	\$	2,329.41	\$	2,132.38	\$	197.03		
		Blue Shield Trio HMC	) 15/:	100 <b>(Low HMO)</b>				
TIER		PREMIUM	(	CITY CONTRIBUTION		BALANCE		
Emp Only	\$	662.89	\$	1,120.00	\$	(457.11)		
Emp + Spouse	\$	1,458.35	\$	1,510.91	\$	(52.56)		
Emp + Child(ren)	\$	1,193.20	\$	1,256.45	\$	(63.25)		
Emp + Family	\$	2,054.95	\$	2,132.38	\$	(77.43)		
	Blu	e Shield Traditional F	PO 2	50/750 (High PPO)				
TIER		PREMIUM	(	CITY CONTRIBUTION		BALANCE		
Emp Only	\$	969.53	\$	1,120.00	\$	(150.47)		
Emp + Spouse	\$	2,133.00	\$	1,510.91	\$	622.09		
Emp + Child(ren)	\$	1,745.17	\$	1,256.45	\$	488.72		
Emp + Family	\$	3,005.59	\$	2,132.38	\$	873.21		
Blue Shield HDHP/HSA PPO 2800/3200/5200 (Low PPO)								
TIER		PREMIUM	(	CITY CONTRIBUTION		BALANCE		
Emp Only	\$	678.61	\$	870.00	\$	(191.39)		
Emp + Spouse	\$	1,497.24	\$	1,260.91	\$	236.33		
Emp + Child(ren)	\$	1,224.33	\$	1,006.45	\$	217.88		
Emp + Family	\$	2,111.20	\$	1,882.38	\$	228.82		
For employees enrolled i	in the HDHP/H	ISA PPO plan, the Cit	v will	fund their HSA account v	with S	\$1.500 in January. \$500		

For employees enrolled in the HDHP/HSA PPO plan, the City will fund their HSA account with \$1,500 in January, \$500 in March, June, and September.

MetLife Dental - DPPO					
Emp Only	\$	60.83			
Emp + Spouse	\$	119.88			
Emp + Child(ren)	\$	146.82			
Emp + Family	\$	223.98			
MetLife Dental - DMO					
Emp Only	\$	16.68			
Emp + Spouse	\$	31.69			
Emp + Child(ren)	\$	33.35			
Emp + Family	\$	47.53			
MES Vision Plan					
Emp Only	\$	11.59			
Emp + 1 Dep	\$	20.87			
Emp + 2 or more Dep	\$	29.90			



City of Vernon Human Resources Department (323) 583-8811

In the event an employee does not exhaust or exceed their monthly medical allowance, the employee shall be allowed to apply any unsused portion towards the purchase of dental, vision, supplemental, or anciliary plans offered through the City and approved by the Director of Human Resources, in accordance with IRS Section 125, Cafeteria Plan Regulations.