2025 HEALTH BENEFIT RATES INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 47 SECTION 125 CAFETERIA PLAN (NON-CASH OUT)

	Blue Shi	eld Medical Full Netw	ork HMO	15/100 (High HMO)			
TIER		PREMIUM		CITY CONTRIBUTION		BALANCE	
Emp Only	\$	902.87	\$	1,120.00	\$	(217.13)	
Emp + Spouse	\$	1,701.90	\$	1,554.66	\$	147.24	
Emp + Child(ren)	\$	1,543.59	\$	1,292.25	\$	251.34	
Emp + Family	\$	2,399.29	\$	2,194.03	\$	205.26	
		Blue Shield Trio HMC	15/100	(Low HMO)			
TIER		PREMIUM	CITY	CONTRIBUTION		BALANCE	
Emp Only	\$	682.78	\$	1,120.00	\$	(437.22)	
Emp + Spouse	\$	1,502.10	\$	1,554.66	\$	(52.56)	
Emp + Child(ren)	\$	1,229.00	\$	1,292.25	\$	(63.25)	
Emp + Family	\$	2,116.60	\$	2,194.03	\$	(77.43)	
Blue Shield Traditional PPO 250/750 (High PPO)							
TIER		PREMIUM	CITY	CONTRIBUTION		BALANCE	
Emp Only	\$	998.62	\$	1,120.00	\$	(121.38)	
Emp + Spouse	\$	2,196.99	\$	1,554.66	\$	642.33	
Emp + Child(ren)	\$	1,797.53	\$	1,292.25	\$	505.28	
Emp + Family	\$	3,095.76	\$	2,194.03	\$	901.73	
Blue Shield HDHP/HSA PPO 2800/3200/5200 (Low PPO)							
TIER		PREMIUM	CITY	CONTRIBUTION		BALANCE	
Emp Only	\$	698.97	\$	870.00	\$	(171.03)	
Emp + Spouse	\$	1,542.16	\$	1,304.66	\$	237.50	
Emp + Child(ren)	\$	1,261.06	\$	1,042.25	\$	218.81	
Emp + Family	\$	2,174.54	\$	1,944.03	\$	230.51	
For employees enrolled in						· · · · · · · · · · · · · · · · · · ·	

in March, June, and September.

MetLife Dental - DPPO					
Emp Only	\$	64.48			
Emp + Spouse	\$	127.07			
Emp + Child(ren)	\$	155.63			
Emp + Family	\$	237.42			
MetLife Dental - DMO					
Emp Only	\$	16.68			
Emp + Spouse	\$	31.69			
Emp + Child(ren)	\$	33.35			
Emp + Family	\$	47.53			
EyeMed 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.