

2025 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 | \$ 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 HMO 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 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 | \$ 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 unused portion towards the purchase of dental, vision, supplemental, or ancillary plans offered through the City and approved by the Director of Human Resources, in accordance with IRS Section 125, Cafeteria Plan Regulations.