

## 2025 Medical Plan Premium Rates

Semi-monthly Premium Rates (24 pay periods in a plan year)				
Medical Plan	Employee Only	Employee and Spouse/ Domestic Partner*	Employee and Child(ren)	Family*
<b>Kaiser Traditional HMO</b> Available to all employees	<b>\$370.30</b>	<b>\$810.95</b>	<b>\$703.57</b>	<b>\$1,125.72</b>
<b>Kaiser Deductible HMO</b> Available to all employees	<b>\$285.23</b>	<b>\$624.65</b>	<b>\$541.93</b>	<b>\$867.09</b>
<b>Cigna Scripps Select HMO</b> Available to all employees	<b>\$374.05</b>	<b>\$819.06</b>	<b>\$710.70</b>	<b>\$1,137.13</b>
<b>Cigna HMO</b> Available to MEA, DCAA, L127, L911, POA, Unrepresented	<b>\$754.47</b>	<b>\$1,652.32</b>	<b>\$1,433.45</b>	<b>\$2,293.53</b>
<b>Cigna OAP</b> Available to all employees	<b>\$830.63</b>	<b>\$1,819.13</b>	<b>\$1,578.17</b>	<b>\$2,525.08</b>
<b>Sharp Classic HMO</b> Available to MEA, DCAA, L127, L911, POA, Unrepresented	<b>\$403.60</b>	<b>\$882.69</b>	<b>\$765.93</b>	<b>\$1,224.89</b>
<b>Sharp Select HMO</b> Available to MEA, L127, DCAA, L911, POA, Unrepresented	<b>\$263.03</b>	<b>\$574.84</b>	<b>\$498.85</b>	<b>\$797.56</b>
<b>Sharp Saver HMO</b> Available to MEA, DCAA, L127, L911, POA, Unrepresented	<b>\$233.10</b>	<b>\$509.29</b>	<b>\$441.98</b>	<b>\$706.57</b>
<b>POA ALADS Basic HMO</b> Available to police safety	<b>\$472.48</b>	<b>\$977.73</b>	1 Child: <b>\$977.73</b> 2 or More: <b>\$1,173.88</b>	<b>\$1,173.88</b>
<b>POA ALADS Premier HMO</b> Available to police safety only	<b>\$484.27</b>	<b>\$997.46</b>	1 Child: <b>\$997.46</b> 2 or More: <b>\$1,203.45</b>	<b>\$1,203.45</b>
<b>Local 145 Anthem HMO</b> Available to fire safety	<b>\$399.29</b>	<b>\$931.94</b>	<b>\$765.04</b>	<b>\$1,306.87</b>

\* If enrolling a domestic partner, you must indicate whether they qualify as a tax dependent under IRS guidelines. If your domestic partner qualifies as a tax dependent and you submit a Tax Dependent Certification form, your entire premium will come out of your paycheck on a pre-tax basis. If your domestic partner does not qualify as a tax dependent, then a portion of your premium payment will come out on an after-tax basis.

## 2025 Delta Dental Plan Rates

Semi-monthly Premium Rates (24 pay periods in a plan year)				
Dental Plan	Employee Only	Employee and Spouse/Domestic Partner*	Employee and Child(ren)	Family*
<b>Delta Dental HMO</b> Available to DCAA, L145, L911, POA, Unrepresented	\$6.34	\$12.65	\$11.07	\$19.62
<b>Delta Dental PPO</b> Available to DCAA, L145, L911, POA, Unrepresented	\$21.47	\$42.90	\$41.84	\$66.30

## 2025 MEA MetLife Dental Plan Rates

Semi-monthly Premium Rates (24 pay periods in a plan year)				
Dental Plan	Employee Only	Employee and Spouse/Domestic Partner*	Employee and Child(ren)	Family*
<b>MEA MetLife Dental HMO</b> Available to MEA employees only	\$10.50	\$20.45	\$20.45	\$29.23
<b>MEA MetLife Dental PPO</b> Available to MEA employees only	\$36.08	\$70.24	\$70.24	\$113.51

## 2025 Local 127 MetLife Dental Plan Rates

Semi-monthly Premium Rates (24 pay periods in a plan year)					
Dental Plan	Employee Only	Employee and Spouse/Domestic Partner*	Employee and 1 Child	Employee and Child(ren)	Family*
<b>Local 127 MetLife Dental HMO</b> Available to L127 employees only	\$8.44	\$15.78	\$15.78	\$22.00	\$22.00
<b>Local 127 MetLife Dental PPO</b> Available to L127 employees only	\$19.92	\$38.62	\$38.62	\$72.24	\$72.24

\* If enrolling a domestic partner, you must indicate whether they qualify as a tax dependent under IRS guidelines. If your domestic partner qualifies as a tax dependent and you submit a Tax Dependent Certification form, your entire premium will come out of your paycheck on a pre-tax basis. If your domestic partner does not qualify as a tax dependent, then a portion of your premium payment will come out on an after-tax basis.

## 2025 Vision Plan Rates

<b>Semi-monthly Premium Rates</b> (24 pay periods in a plan year)				
<b>Vision Plan</b>	<b>Employee Only</b>	<b>Employee and Spouse/Domestic Partner*</b>	<b>Employee and Child(ren)</b>	<b>Family*</b>
<b>City VSP</b> <i>Available to all employees, except MEA</i>	<b>\$2.35</b>	<b>\$4.70</b>	<b>\$5.03</b>	<b>\$8.04</b>
<b>MEA VSP</b> <i>Available to MEA only</i>	<b>\$10.44</b>	<b>\$18.49</b>	<b>\$18.49</b>	<b>\$30.50</b>

\* If enrolling a domestic partner, you must indicate whether they qualify as a tax dependent under IRS guidelines. If your domestic partner qualifies as a tax dependent and you submit a Tax Dependent Certification form, your entire premium will come out of your paycheck on a pre-tax basis. If your domestic partner does not qualify as a tax dependent, then a portion of your premium payment will come out on an after-tax basis.