

# **Insurance Benefits Monthly Premiums Active Employees - Effective January 1, 2024**

#### MEDICAL

	Employee Monthly Contribution											
CalPERS Health Benefits	City Contribution *	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditional HMO	Blue Shield Access + HMO	Blue Shield Trio HMO	Health Net Salud y Mas	Kaiser Permanente	PERS Gold PPO	PERS Platinum PPO	PORAC	United Healthcare Signature Value Alliance	United Healthcare Signature Value Harmony
					or after 02, 2/2016   <mark>Ex</mark> t							
Employee Only	\$865.41	\$0.00	\$147.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$266.06	\$60.59	\$0.00	\$0.00
Employee + 1	\$1,730.82	\$0.00	\$294.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$532.12	\$132.18	\$0.00	\$0.00
Family	\$2,250.07	\$0.00	\$382.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$691.75	\$120.93	\$0.00	\$0.00
*City Contribution U	Jp to Kaiser Pe	rmanente										

					DPS	AA						
Employee Only	\$926.00	\$0.00	\$86.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$205.47	\$0.00	\$0.00	\$0.00
Employee + 1	\$1,863.00	\$0.00	\$162.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$399.94	\$0.00	\$0.00	\$0.00
Family	\$2,371.00	\$0.00	\$261.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$570.82	\$0.00	\$0.00	\$0.00
*City Contribution U	City Contribution Up to PORAC											

		[		before 2/9				/28/2016)				
Employee Only	\$1,131.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$2,262.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$2,941.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*City Contribution	City Contribution Up to PERS Platinum											

## **City HMO Plan (Non-CalPERS)**

## **Medical Opt-Out Allowance (Monthly)**

Kaiser Perma	nente	DCEA Maintenance	Ambulance Operators		•	aintenance   DFA   DFMA   DPOA   DPMA -Management, Confidential/Exempt
Employee Only	\$767.97	\$0.00	\$0.00	Employee Only		Must provide proof of medical coverage
Employee + 1	\$1,535.93	\$0.00	\$0.00	Employee + 1	Ψ-130.00	
Family	\$2,173.35	\$0.00	\$637.42	Family	\$650.00	medical opt-out allowance

<sup>\*</sup>City Contribution Up to City Kaiser Plan

Documents (Copies) Required to add dependents					
Please notify HR as soon as	<u>Spouse</u>	<u>Children</u>			
possible to avoid lapse in coverage. There is a		©Birth Certificate			
maximum notice of 30 days.	©Social Security Number	©Social Security Number			
*Name Change requires copy of social security card					



## **Insurance Benefits Monthly Premiums Active Employees - Effective January 1, 2024**

### **VOLUNTEER BENEFITS**

### DENTAL

DCEA Miscellaneous   DFA   DFMA   DPOA   DPMA   DPSAA Executive, Mid-Management, Confidential/Exempt								
Delta Dental (DPO)	Composite Rate	City Contribution (Monthly)	Employee Contribution (Monthly)					
EE,EE+1, Family	\$110.00	\$52.80	\$57.20					
DCEA Maintenance								
EE,EE+1, Family	\$110.00	\$58.96	\$51.04					
MetLife (Safeguard) Dental (DMO)	Monthly Premium	City Contribution (Monthly)	Employee Contribution (Monthly)					
1	2 11	City Contribution (Monthly)	Employee Contribution (Monthly)					
Dental (DMO)	2 11	City Contribution (Monthly)	Employee Contribution (Monthly)					
Dental (DMO)	intenance							
Dental (DMO)  DCEA Ma  Employee Only	\$23.88 \$45.66	\$23.88 \$31.95	\$0.00					
Dental (DMO)  DCEA Ma  Employee Only Family	\$23.88 \$45.66	\$23.88 \$31.95	\$0.00					

All Rates are subject to change January 1, 2024

#### VISION

All Groups	
VSP	Employee Contribution (Monthly)
Employee Only	\$12.52
Employee + 1	\$17.99
Employee + 2 or More	\$32.30

#### **Other Volunteer Benefits Include:**

- Additional Life Insurance available for employee, spouse or dependents – The Standard
- Accident & Critical Illness Insurances Aflac
- Section 125 Flexible Spending Accounts The Advantage Group
   2023 Max Elections: medical \$3,050 and dependent care
   \$5,000
- Deferred Compensation –VOYA Financial Services
  - © 2023 Limits: \$22,500 Basic Annual Limit, \$30,000 Age 50 Catch-Up Limit, \$45,000 Pre-Retirement Catch-Up Limit
- \*\* Based on 2023 IRS contribution limits. Limits subject to change based on IRS quidelines

#### **Payroll Deduction for Elected Benefits Premiums**

Payroll will deduct all benefit premiums requiring a monthly employee contribution on the first pay check of the month. Deferred Compensation is deducted every pay check.

For questions, contact the Human Resources Department at (562) 904-7292, scan QR Code or visit www.downeyca.org/employees