



2024 Per Pay Period Rates for Self-Funded HMA

Effective 1/1/2024

PAY PERIOD HMA: MEDICAL & Rx						
Coverage Level	Full Premium	City Pays	Fulltime Employee 35 ≥ hours	* Part-time 30>35 hrs	* Part-time 25>30 hrs	* Part-time 20>25 hrs
Cost Share	100%	91%	9%	25%	37.5%	50%
Employee	400.76	364.69	36.07	36.07	36.07	36.07
Employee and Spouse	916.87	834.35	82.52	165.10	229.61	294.14
Employee and Child	663.99	604.23	59.76	101.88	134.79	167.69
Employee and Children	868.53	790.37	78.16	153.02	211.48	269.96
Employee, Spouse, and Child	1,180.11	1,073.90	106.21	230.91	328.32	425.74
Employee, Spouse, and Children	1,384.64	1,260.02	124.62	282.04	405.03	528.01

PAY PERIOD HMA: DENTAL & VISION						
Coverage Level	Full Premium	City Pays	Fulltime Employee 35 ≥ hours	* Part-time 30>35 hrs	* Part-time 25>30 hrs	* Part-time 20>25 hrs
Cost Share	100%	91%	9%	25%	37.5%	50%
Employee	43.64	39.71	3.93	3.93	3.93	3.93
Employee and Spouse	93.64	85.22	8.42	16.42	22.67	28.93
Employee and Child	82.35	74.94	7.41	13.60	18.43	23.29
Employee and Children	117.58	107.00	10.58	22.42	31.65	40.90
Employee, Spouse, and Child	132.37	120.46	11.91	26.11	37.19	48.28
Employee, Spouse, and Children	167.61	152.52	15.09	34.92	50.41	65.91

Premiums for part-time employees: "If you are an active regular employee scheduled for at least 20 hours per week, you and your dependents are eligible for full coverage. The premium cost share for employee coverage is the same regardless of full-time or part-time status. The premium cost share for dependents is prorated for part-time employee's based on scheduled hours as noted below: • 25% for 30 > 35 hours a week • 37.5% for 25 > 30 hours a week • 50% for 20 > 25 hours a week



2024 Per Pay Period Rates for Kaiser Permanente

Effective 1/1/2024

PAY PERIOD KAISER PERMANENTE: MEDICAL/Rx/VISION

Coverage Level	Full Premium	City Pays	Fulltime Employee 35 ≥ hours	* Part-time 30>35 hrs	* Part-time 25>30 hrs	* Part-time 20>25 hrs
Cost Share	100%	91%	9%	25%	37.5%	50%
Employee	338.95	308.44	30.51	30.51	30.51	30.51
Employee and Spouse	855.43	778.44	76.99	159.63	224.19	288.75
Employee and Child	586.47	533.69	52.78	92.39	123.33	154.27
Employee and Children	802.68	730.44	72.24	146.44	204.41	262.38
Employee, Spouse, and Child	1,102.94	1,003.68	99.26	221.51	317.01	412.51
Employee, Spouse, and Children	1,319.13	1,200.41	118.72	275.56	398.08	520.60

PAY PERIOD HMA: DENTAL ONLY

Coverage Level	Full Premium	City Pays	Fulltime Employee 35 ≥ hours	* Part-time 30>35 hrs	* Part-time 25>30 hrs	* Part-time 20>25 hrs
Cost Share	100%	91%	9%	25%	37.5%	50%
Employee	33.51	30.49	3.02	3.02	3.02	3.02
Employee and Spouse	70.45	64.12	6.33	12.25	16.87	21.49
Employee and Child	65.55	59.66	5.89	11.03	15.02	19.05
Employee and Children	95.62	87.02	8.60	18.55	26.31	34.08
Employee, Spouse, and Child	102.51	93.29	9.22	20.27	28.89	37.51
Employee, Spouse, and Children	132.56	120.63	11.93	27.79	40.16	52.54

**Regular part-time employees, scheduled to work between 20 and 35 hours a week have the same premium cost share as full time employees for themselves only. Their dependent cost share is prorated based on scheduled hours: 25% for 30 > 35 hours a week; 37.5% for 25 > 30 hours a week; 50% for 20 > 25 hours a week.*