



2025 Per Pay Period Rates for Self-Funded HMA

Effective 1/1/2025

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: • 25% for 30 > 35 hours a week • 37.5% for 25 > 30 hours a week • 50% for 20 > 25 hours a week