



TEAM TORRANCE: WINNING TOGETHER

TRREO EMPLOYEES

Effective January 1, 2025

To enroll/make changes to your Benefits, log onto <http://my.adp.com>

**2024 Open Enrollment:
September 16 – October 11, 2024**

For more information on the plans that are available, go to www.TorranceCA.Gov/OpenEnrollment

For any additional questions, please call the Human Resources Department at (310) 618-2960.

Rates quoted below do not include the Administrative Fee charged to each employee by CalPERS. In keeping with previous years, the Administrative Fee will continue to be automatically deducted and reflected on each employee's paycheck.

For online information about doctors and health plan benefits, use the following websites:

Anthem Blue Cross	www.anthem.com/ca/calpers
Blue Shield	www.blueshieldca.com/calpers
Health Net of California	www.healthnet.com/calpers
Kaiser Permanente	https://my.kp.org/calpers
PERS Platinum & PERS Gold	www.blueshieldca.com/calpers
UnitedHealthcare	www.welcometouhc.com/calpers
Sharp	www.sharphealthplan.com/calpers
Anthem Vision Care	www.anthem.com

NOTED:

Aram Chaparyan

Aram Chaparyan, City Manager



Effective January 1, 2025 for TRREO employees for Los Angeles Area Region (Los Angeles, Riverside, San Bernadino)

Carrier	1-Party			2-Party			Family			% Change (+/-) from 2024
	PERS Rates	City Pays	Employee Contributes	PERS Rates	City Pays	Employee Contributes	PERS Rates	City Pays	Employee Contributes	
Anthem Select HMO	\$916.88	\$383.66	\$533.22	\$1,833.76	\$383.66	\$1,450.10	\$2,383.89	\$383.66	\$2,000.23	9.01%
Anthem Traditional HMO	\$1,065.46	\$383.66	\$681.80	\$2,130.92	\$383.66	\$1,747.26	\$2,770.20	\$383.66	\$2,386.54	5.21%
Blue Shield Access + HMO	\$828.48	\$383.66	\$444.82	\$1,656.96	\$383.66	\$1,273.30	\$2,154.05	\$383.66	\$1,770.39	9.49%
Blue Shield Trio HMO	\$738.11	\$383.66	\$354.45	\$1,476.22	\$383.66	\$1,092.56	\$1,919.09	\$383.66	\$1,535.43	4.74%
Health Net Salud y Mas HMO	\$714.40	\$383.66	\$330.74	\$1,428.80	\$383.66	\$1,045.14	\$1,857.44	\$383.66	\$1,473.78	13.37%
Kaiser HMO	\$926.52	\$383.66	\$542.86	\$1,853.04	\$383.66	\$1,469.38	\$2,408.95	\$383.66	\$2,025.29	7.06%
UnitedHealthcare Alliance HMO	\$866.40	\$383.66	\$482.74	\$1,732.80	\$383.66	\$1,349.14	\$2,252.64	\$383.66	\$1,868.98	4.84%
UnitedHealthcare Harmony HMO	\$756.28	\$383.66	\$372.62	\$1,512.56	\$383.66	\$1,128.90	\$1,966.33	\$383.66	\$1,582.67	2.93%
PERS Gold PPO	\$868.15	\$383.66	\$484.49	\$1,736.30	\$383.66	\$1,352.64	\$2,257.19	\$383.66	\$1,873.53	10.55%
PERS Platinum PPO	\$1,263.73	\$383.66	\$880.07	\$2,527.46	\$383.66	\$2,143.80	\$3,285.70	\$383.66	\$2,902.04	11.69%

Effective January 1, 2025 for TRREO employees for other Southern California Area Regions (Orange, San Diego, Santa Barbara, Ventura)

Carrier	1-Party			2-Party			Family			% Change (+/-) from 2024
	PERS Rates	City Pays	Employee Contributes	PERS Rates	City Pays	Employee Contributes	PERS Rates	City Pays	Employee Contributes	
Anthem Select HMO	\$919.00	\$383.66	\$535.34	\$1,838.00	\$383.66	\$1,454.34	\$2,389.40	\$383.66	\$2,005.74	13.78%
Anthem Traditional HMO	\$1,110.97	\$383.66	\$727.31	\$2,221.94	\$383.66	\$1,838.28	\$2,888.52	\$383.66	\$2,504.86	7.40%
Blue Shield Access + HMO	\$948.53	\$383.66	\$564.87	\$1,897.06	\$383.66	\$1,513.40	\$2,466.18	\$383.66	\$2,082.52	9.13%
Blue Shield Trio	\$909.10	\$383.66	\$525.44	\$1,818.20	\$383.66	\$1,434.54	\$2,363.66	\$383.66	\$1,980.00	12.20%
Health Net Salud y Mas HMO	\$823.49	\$383.66	\$439.83	\$1,646.98	\$383.66	\$1,263.32	\$2,141.07	\$383.66	\$1,757.41	20.26%
Kaiser HMO	\$944.34	\$383.66	\$560.68	\$1,888.68	\$383.66	\$1,505.02	\$2,455.28	\$383.66	\$2,071.62	4.35%
Sharp HMO	\$868.45	\$383.66	\$484.79	\$1,736.90	\$383.66	\$1,353.24	\$2,257.97	\$383.66	\$1,874.31	4.23%
UnitedHealthcare Alliance HMO	\$890.66	\$383.66	\$507.00	\$1,781.32	\$383.66	\$1,397.66	\$2,315.72	\$383.66	\$1,932.06	6.30%
UnitedHealthcare Harmony HMO	\$819.64	\$383.66	\$435.98	\$1,639.28	\$383.66	\$1,255.62	\$2,131.06	\$383.66	\$1,747.40	3.41%
PERS Gold PPO	\$864.75	\$383.66	\$481.09	\$1,729.50	\$383.66	\$1,345.84	\$2,248.35	\$383.66	\$1,864.69	8.17%
PERS Platinum PPO	\$1,258.76	\$383.66	\$875.10	\$2,517.52	\$383.66	\$2,133.86	\$3,272.78	\$383.66	\$2,889.12	9.31%

****ZIP codes are used to determine the health plans and regions in which you are eligible to enroll. Employees may choose either their home or current work address ZIP code to establish their eligibility. If you elect to use your work zip code you must complete an Employer ZIP Code Election form, which is available from the Human Resources Department.**