



TEAM TORRANCE: WINNING TOGETHER

FULL TIME EMPLOYEES

(Units included: Executive & Management, CFTSH, TPSA)
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.

FULL TIME EMPLOYEES

Effective January 1, 2025, the City's monthly contributions for health insurance are as follows:

- Full-time employees: \$678.36 for 1-party, \$1,308.51 for 2-party and \$1,795.34 for family



Effective January 1, 2025 for full-time 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	\$678.36	\$238.52	\$1,833.76	\$1,308.51	\$525.25	\$2,383.89	\$1,795.34	\$588.55	9.01%
Anthem Traditional HMO	\$1,065.46	\$678.36	\$387.10	\$2,130.92	\$1,308.51	\$822.41	\$2,770.20	\$1,795.34	\$974.86	5.21%
Blue Shield Access + HMO	\$828.48	\$678.36	\$150.12	\$1,656.96	\$1,308.51	\$348.45	\$2,154.05	\$1,795.34	\$358.71	9.49%
Blue Shield Trio HMO	\$738.11	\$678.36	\$59.75	\$1,476.22	\$1,308.51	\$167.71	\$1,919.09	\$1,795.34	\$123.75	4.74%
Health Net Salud y Mas HMO	\$714.40	\$678.36	\$36.04	\$1,428.80	\$1,308.51	\$120.29	\$1,857.44	\$1,795.34	\$62.10	13.37%
Kaiser HMO	\$926.52	\$678.36	\$248.16	\$1,853.04	\$1,308.51	\$544.53	\$2,408.95	\$1,795.34	\$613.61	7.06%
UnitedHealthcare Alliance HMO	\$866.40	\$678.36	\$188.04	\$1,732.80	\$1,308.51	\$424.29	\$2,252.64	\$1,795.34	\$457.30	4.84%
UnitedHealthcare Harmony HMO	\$756.28	\$678.36	\$77.92	\$1,512.56	\$1,308.51	\$204.05	\$1,966.33	\$1,795.34	\$170.99	2.93%
PERS Gold PPO	\$868.15	\$678.36	\$189.79	\$1,736.30	\$1,308.51	\$427.79	\$2,257.19	\$1,795.34	\$461.85	10.55%
PERS Platinum PPO	\$1,263.73	\$678.36	\$585.37	\$2,527.46	\$1,308.51	\$1,218.95	\$3,285.70	\$1,795.34	\$1,490.36	11.69%

Effective January 1, 2025 for full-time 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	\$678.36	\$240.64	\$1,838.00	\$1,308.51	\$529.49	\$2,389.40	\$1,795.34	\$594.06	13.78%
Anthem Traditional HMO	\$1,110.97	\$678.36	\$432.61	\$2,221.94	\$1,308.51	\$913.43	\$2,888.52	\$1,795.34	\$1,093.18	7.40%
Blue Shield Access + HMO	\$948.53	\$678.36	\$270.17	\$1,897.06	\$1,308.51	\$588.55	\$2,466.18	\$1,795.34	\$670.84	9.13%
Blue Shield Trio HMO	\$909.10	\$678.36	\$230.74	\$1,818.20	\$1,308.51	\$509.69	\$2,363.66	\$1,795.34	\$568.32	12.20%
Health Net Salud y Mas HMO	\$823.49	\$678.36	\$145.13	\$1,646.98	\$1,308.51	\$338.47	\$2,141.07	\$1,795.34	\$345.73	20.26%
Kaiser HMO	\$944.34	\$678.36	\$265.98	\$1,888.68	\$1,308.51	\$580.17	\$2,455.28	\$1,795.34	\$659.94	4.35%
Sharp HMO	\$868.45	\$678.36	\$190.09	\$1,736.90	\$1,308.51	\$428.39	\$2,257.97	\$1,795.34	\$462.63	4.23%
UnitedHealthcare Alliance HMO	\$890.66	\$678.36	\$212.30	\$1,781.32	\$1,308.51	\$472.81	\$2,315.72	\$1,795.34	\$520.38	6.30%
UnitedHealthcare Harmony HMO	\$819.64	\$678.36	\$141.28	\$1,639.28	\$1,308.51	\$330.77	\$2,131.06	\$1,795.34	\$335.72	3.41%
PERS Gold PPO	\$864.75	\$678.36	\$186.39	\$1,729.50	\$1,308.51	\$420.99	\$2,248.35	\$1,795.34	\$453.01	8.17%
PERS Platinum PPO	\$1,258.76	\$678.36	\$580.40	\$2,517.52	\$1,308.51	\$1,209.01	\$3,272.78	\$1,795.34	\$1,477.44	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**.**

Dental Rates Effective January 1, 2025 Full Time Employees

	Single			Two-Party			Family			% Change (+/-) from 2024
	Rates	City Pays	Employee Contributes	Rates	City Pays	Employee Contributes	Rates	City Pays	Employee Contributes	
Delta PPO	\$33.71	\$33.71	\$0.00	\$67.42	\$67.42	\$0.00	\$116.31	\$67.42	\$48.89	0.00%
Delta Care (DHMO)	\$16.60	\$16.60	\$0.00	\$29.96	\$29.96	\$0.00	\$44.31	\$29.96	\$14.35	0.00%

Vision Rates Effective January 1, 2025

	Single			Two-Party			Family			%Change (+/-) from 2024
	Rates	City Pays	Employee Contributes	Rates	City Pays	Employee Contributes	Rates	City Pays	Employee Contributes	
Anthem Vision	\$3.33	\$3.33	\$0.00	\$6.28	\$3.33	\$2.95	\$9.19	\$3.33	\$5.86	0.00%
Anthem Vision Buy-Up	\$8.19	\$3.33	\$4.86	\$15.45	\$3.33	\$12.12	\$22.61	\$3.33	\$19.28	0.00%

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
Delta Dental of California	www.deltadentalins.com
Anthem Vision Care	www.anthem.com

NOTED:

Aram Chaparyan

Aram Chaparyan, City Manager