

THE CITY OF HOPE TRAINEE AND AFFILIATE
BENEFITS PROGRAM (TABP)
PLAN YEAR 2025

Monthly Rates	Premium	Paid by City of Hope	Paid by Participant through Gallagher direct bill	Paid by Participant through payroll *26 pay periods
Aetna Medical HMO				
Participant	\$640.67	\$544.57	\$96.10	\$44.35
Participant + Spouse	\$1,409.42	\$1,127.54	\$281.88	\$130.10
Participant + Child(ren)	\$1,153.15	\$922.52	\$230.63	\$106.44
Family	\$1,985.99	\$1,588.79	\$397.20	\$183.32
Aetna Medical POS				
Participant	\$909.59	\$773.15	\$136.44	\$62.97
Participant + Spouse	\$1,609.91	\$1,287.93	\$321.98	\$148.61
Participant + Child(ren)	\$1,528.05	\$1,222.44	\$305.61	\$141.05
Family	\$2,155.68	\$1,724.54	\$431.14	\$198.99
Kaiser Medical Plan				
Participant	\$654.33	\$556.18	\$98.15	\$45.30
Participant + Spouse	\$1,243.23	\$994.58	\$248.65	\$114.76
Participant + Child(ren)	\$1,177.81	\$942.25	\$235.56	\$108.72
Family	\$1,701.28	\$1,361.02	\$340.26	\$157.04
Aetna Dental HMO				
Participant	\$21.73	\$17.38	\$4.35	\$2.01
Participant + Spouse	\$49.54	\$22.29	\$27.25	\$12.58
Participant + Child(ren)	\$49.66	\$22.35	\$27.31	\$12.61
Family	\$65.40	\$29.43	\$35.97	\$16.60
Aetna Dental PPO				
Participant	\$70.90	\$56.72	\$14.18	\$6.54
Participant + Spouse	\$151.05	\$67.97	\$83.08	\$38.34
Participant + Child(ren)	\$157.44	\$70.85	\$86.59	\$39.97
Family	\$242.53	\$109.14	\$133.39	\$61.57
EyeMed Voluntary Vision				
Participant	\$10.22	\$0.00	\$10.22	\$4.72
Participant + Spouse	\$19.42	\$0.00	\$19.42	\$8.96
Participant + Child(ren)	\$20.44	\$0.00	\$20.44	\$9.43
Family	\$30.05	\$0.00	\$30.05	\$13.87
VOYA Voluntary Hospital Indemity				
Participant	\$20.40	\$0.00	\$20.40	\$9.42
Participant + Spouse	\$34.89	\$0.00	\$34.89	\$16.10
Participant + Child(ren)	\$28.67	\$0.00	\$28.67	\$13.23
Family	\$43.16	\$0.00	\$43.16	\$19.92
VOYA Voluntary Accident Coverage				
Participant	\$5.99	\$0.00	\$5.99	\$2.76
Participant + Spouse	\$9.88	\$0.00	\$9.88	\$4.56
Participant + Child(ren)	\$11.89	\$0.00	\$11.89	\$5.49
Family	\$15.78	\$0.00	\$15.78	\$7.28