

**THE CITY OF HOPE TRAINEE AND AFFILIATE
BENEFITS PROGRAM (TABP)
PLAN YEAR 2023**

Monthly Rates	Premium	Paid by City of Hope	Paid by Participant
Aetna Medical HMO			
Participant	\$562.25	\$477.91	\$84.34
Participant + Spouse	\$1,236.92	\$989.54	\$247.38
Participant + Child(ren)	\$1,012.01	\$809.61	\$202.40
Family	\$1,742.94	\$1,394.35	\$348.59
Aetna Medical POS			
Participant	\$798.23	\$678.50	\$119.73
Participant + Spouse	\$1,412.83	\$1,130.26	\$282.57
Participant + Child(ren)	\$1,340.99	\$1,072.79	\$268.20
Family	\$1,891.78	\$1,513.42	\$378.36
Kaiser Medical Plan			
Participant	\$557.79	\$474.12	\$83.67
Participant + Spouse	\$1,059.80	\$847.84	\$211.96
Participant + Child(ren)	\$1,004.03	\$803.22	\$200.81
Family	\$1,450.25	\$1,160.20	\$290.05
Aetna Dental HMO			
Participant	\$20.66	\$16.53	\$4.13
Participant + Spouse	\$47.11	\$21.20	\$25.91
Participant + Child(ren)	\$47.22	\$21.25	\$25.97
Family	\$62.19	\$27.99	\$34.20
Aetna Dental PPO			
Participant	\$67.42	\$53.94	\$13.48
Participant + Spouse	\$143.63	\$64.63	\$79.00
Participant + Child(ren)	\$149.71	\$67.37	\$82.34
Family	\$230.62	\$103.78	\$126.84
EyeMed Voluntary Vision			
Participant	\$9.74	\$0.00	\$9.74
Participant + Spouse	\$18.50	\$0.00	\$18.50
Participant + Child(ren)	\$19.48	\$0.00	\$19.48
Family	\$28.63	\$0.00	\$28.63