

The City of Hope Trainee and Affiliate Benefit Program (TABP)
Plan year 2024

Monthly Rates	Premium	Paid by City of Hope	Paid by Participant through direct bill by Gallagher	Paid by Participant through payroll
Aetna Medical HMO				
Participant	\$598.76	\$508.95	\$89.81	\$41.45
Participant + Spouse	\$1,317.23	\$1,053.78	\$263.45	\$121.59
Participant + Child(ren)	\$1,077.72	\$862.18	\$215.54	\$99.48
Family	\$1,856.09	\$1,484.87	\$371.22	\$171.33
Aetna Medical POS				
Participant	\$850.09	\$722.58	\$127.51	\$58.85
Participant + Spouse	\$1,504.61	\$1,203.69	\$300.92	\$138.89
Participant + Child(ren)	\$1,428.10	\$1,142.48	\$285.62	\$131.82
Family	\$2,014.68	\$1,611.74	\$402.94	\$185.97
Kaiser Medical Plan				
Participant	\$635.06	\$539.80	\$95.26	\$43.97
Participant + Spouse	\$1,206.61	\$965.29	\$241.32	\$111.38
Participant + Child(ren)	\$1,143.11	\$914.49	\$228.62	\$105.52
Family	\$1,651.16	\$1,320.93	\$330.23	\$152.41
Aetna Dental HMO				
Participant	\$21.24	\$16.99	\$4.25	\$1.96
Participant + Spouse	\$48.43	\$21.79	\$26.64	\$12.29
Participant + Child(ren)	\$48.54	\$21.84	\$26.70	\$12.32
Family	\$63.93	\$28.77	\$35.16	\$16.23
Aetna Dental PPO				
Participant	\$69.31	\$55.45	\$13.86	\$6.40
Participant + Spouse	\$147.65	\$66.44	\$81.21	\$37.48
Participant + Child(ren)	\$153.90	\$69.26	\$84.65	\$39.07
Family	\$237.08	\$106.69	\$130.39	\$60.18
EyeMed Voluntary Vision				
Participant	\$10.22	\$0	\$10.22	\$4.72
Participant + Spouse	\$19.42	\$0	\$19.42	\$8.96
Participant + Child(ren)	\$20.44	\$0	\$20.44	\$9.43
Family	\$30.05	\$0	\$30.05	\$13.87