

City of Calexico-Employees

Medical Bi-Weekly Premium Rates

Effective July 01, 2025

Medical/Dental/Vision	Employee Only	Employee & Family (Dependents)
City Contribution	409.09	943.84
<ul style="list-style-type: none"> ▪ CMEA ▪ CMA/Mid-Management (Managers) ▪ Fire ▪ Unrepresented Employees 	62.60	144.47
City Contribution	377.35	870.65
<ul style="list-style-type: none"> ▪ Department Head/Contracted Unrepresented Employees ▪ Operators (SEIU) ▪ Supervisors ▪ Management-Pers/Ins 	94.34	217.66
City Contribution	409.48	953.72
<ul style="list-style-type: none"> ▪ Police Officer (POA) ▪ Mid-Management Lieutenant 	102.37	238.43
City Contribution	595.00	
<ul style="list-style-type: none"> ▪ Part Time Employees 	22.88	

NOTE: If employee waives health insurance, he/she will receive in the amount of \$177.74 per pay period to be contributed to a deferred compensation plan (ICMA-MissionSquare)