

**City of Huntington Beach**  
**2020 Health Premiums and Contributions**  
Effective 1/1/2020

**FMA**

(Employees who enrolled in Medical and Vision plans)

Plan	Tier	Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Contribution
PERS Anthem HMO Select	Single	619.93	498.73	121.20	55.94
	Two-Party	1,239.86	997.47	242.39	111.87
	Family	1,611.82	1,296.70	315.12	145.44
PERS Anthem HMO Traditional	Single	902.63	498.73	403.90	186.42
	Two-Party	1,805.26	997.47	807.79	372.83
	Family	2,346.84	1,296.70	1,050.14	484.68
PERS Blue Shield Access+	Single	813.17	498.73	314.44	145.13
	Two-Party	1,626.34	997.47	628.87	290.25
	Family	2,114.24	1,296.70	817.54	377.33
PERS Blue Shield Trio	Single	624.93	498.73	126.20	58.25
	Two-Party	1,249.86	997.47	252.39	116.49
	Family	1,624.82	1,296.70	328.12	151.44
PERS Health Net Salud y Mas	Single	392.31	392.31	0.00	0.00
	Two-Party	784.62	784.62	0.00	0.00
	Family	1,020.01	1,020.01	0.00	0.00
PERS Health Net SmartCare	Single	648.42	498.73	149.69	69.09
	Two-Party	1,296.84	997.47	299.37	138.17
	Family	1,685.89	1,296.70	389.19	179.63
PERS Kaiser	Single	664.39	498.73	165.66	76.46
	Two-Party	1,328.78	997.47	331.31	152.91
	Family	1,727.41	1,296.70	430.71	198.79
PERS UnitedHealthcare	Single	668.31	493.99	174.32	80.46
	Two-Party	1,336.62	987.88	348.74	160.96
	Family	1,737.61	1,284.37	453.24	209.19
PERS Choice	Single	710.29	498.73	211.56	97.64
	Two-Party	1,420.58	997.47	423.11	195.28
	Family	1,846.75	1,296.70	550.05	253.87
PERS Select	Single	435.74	435.74	0.00	0.00
	Two-Party	871.48	871.48	0.00	0.00
	Family	1,132.92	1,132.92	0.00	0.00
PERS Care	Single	931.12	531.53	399.59	184.43
	Two-Party	1,862.24	1,063.07	799.17	368.85
	Family	2,420.91	1,381.98	1,038.93	479.51
PORAC	Single	699.00	699.00	0.00	0.00
	Two-Party	1,399.00	1,399.00	0.00	0.00
	Family	1,894.00	1,750.31	143.69	66.32
Delta Dental PPO	Single	53.90	53.90	0.00	0.00
	Two-Party	100.60	100.60	0.00	0.00
	Family	132.70	132.70	0.00	0.00
Delta Care HMO	Single	30.11	26.54	3.57	1.65
	Two-Party	51.19	45.12	6.07	2.80
	Family	78.29	69.01	9.28	4.28
VSP Vision	Single	23.33	23.33	0.00	0.00
	Two-Party	23.33	23.33	0.00	0.00
	Family	23.33	23.33	0.00	0.00

Medical Opt Out Benefit: \$699.00 per month (\$322.62 bi-weekly)

CalPERS PEMHCA 2020 employer contribution: \$139.00 per month (\$64.15 bi-weekly)

Employee and City contributions subject to change as a result of contract negotiations

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**2020 Health Premiums and Contributions**  
Effective 1/1/2020

**FMA**

(Employees who enrolled in Medical but opt out of Vision)

Plan	Tier	Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Contribution
PERS Anthem HMO Select	Single	619.93	522.06	97.87	45.17
	Two-Party	1,239.86	1,020.80	219.06	101.10
	Family	1,611.82	1,320.03	291.79	134.67
PERS Anthem HMO Traditional	Single	902.63	522.06	380.57	175.65
	Two-Party	1,805.26	1,020.80	784.46	362.06
	Family	2,346.84	1,320.03	1,026.81	473.91
PERS Blue Shield Access+	Single	813.17	522.06	291.11	134.36
	Two-Party	1,626.34	1,020.80	605.54	279.48
	Family	2,114.24	1,320.03	794.21	366.56
PERS Blue Shield Trio	Single	624.93	522.06	102.87	47.48
	Two-Party	1,249.86	1,020.80	229.06	105.72
	Family	1,624.82	1,320.03	304.79	140.67
PERS Health Net Salud y Mas	Single	392.31	392.31	0.00	0.00
	Two-Party	784.62	784.62	0.00	0.00
	Family	1,020.01	1,020.01	0.00	0.00
PERS Health Net SmartCare	Single	648.42	522.06	126.36	58.32
	Two-Party	1,296.84	1,020.80	276.04	127.40
	Family	1,685.89	1,320.03	365.86	168.86
PERS Kaiser	Single	664.39	522.06	142.33	65.69
	Two-Party	1,328.78	1,020.80	307.98	142.14
	Family	1,727.41	1,320.03	407.38	188.02
PERS UnitedHealthcare	Single	668.31	517.32	150.99	69.69
	Two-Party	1,336.62	1,011.31	325.31	150.14
	Family	1,737.61	1,307.70	429.91	198.42
PERS Choice	Single	710.29	522.06	188.23	86.88
	Two-Party	1,420.58	1,020.80	399.78	184.51
	Family	1,846.75	1,320.03	526.72	243.10
PERS Select	Single	435.74	435.74	0.00	0.00
	Two-Party	871.48	871.48	0.00	0.00
	Family	1,132.92	1,132.92	0.00	0.00
PERS Care	Single	931.12	554.86	376.26	173.66
	Two-Party	1,862.24	1,086.40	775.84	358.08
	Family	2,420.91	1,405.31	1,015.60	468.74
PORAC	Single	699.00	699.00	0.00	0.00
	Two-Party	1,399.00	1,399.00	0.00	0.00
	Family	1,894.00	1,773.64	120.36	55.55
Delta Dental PPO	Single	53.90	53.90	0.00	0.00
	Two-Party	100.60	100.60	0.00	0.00
	Family	132.70	132.70	0.00	0.00
Delta Care HMO	Single	30.11	26.54	3.57	1.65
	Two-Party	51.19	45.12	6.07	2.80
	Family	78.29	69.01	9.28	4.28

Medical Opt Out Benefit: \$699.00 per month (\$322.62 bi-weekly)

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Region 3: Los Angeles, Riverside, San Bernardino