

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	654.04	498.73	155.31	71.68
	Two-Party	1,308.08	997.47	310.61	143.36
	Family	1,700.50	1,296.70	403.80	186.37
PERS Anthem HMO Traditional	Single	934.95	498.73	436.22	201.33
	Two-Party	1,869.90	997.47	872.43	402.66
	Family	2,430.87	1,296.70	1,134.17	523.46
PERS Blue Shield Access+	Single	909.87	498.73	411.14	189.76
	Two-Party	1,819.74	997.47	822.27	379.51
	Family	2,365.66	1,296.70	1,068.96	493.37
PERS Health Net Salud y Mas	Single	435.14	435.14	0.00	0.00
	Two-Party	870.28	870.28	0.00	0.00
	Family	1,131.36	1,131.36	0.00	0.00
PERS Health Net SmartCare	Single	719.26	498.73	220.53	101.78
	Two-Party	1,438.52	997.47	441.05	203.56
	Family	1,870.08	1,296.70	573.38	264.64
PERS Kaiser	Single	645.24	498.73	146.51	67.62
	Two-Party	1,290.48	997.47	293.01	135.24
	Family	1,677.62	1,296.70	380.92	175.81
PERS UnitedHealthcare	Single	671.60	493.99	177.61	81.97
	Two-Party	1,343.20	987.98	355.22	163.95
	Family	1,746.16	1,284.37	461.79	213.13
PERS Choice	Single	736.28	498.73	237.55	109.64
	Two-Party	1,472.56	997.47	475.09	219.27
	Family	1,914.33	1,296.70	617.63	285.06
PERS Select	Single	451.54	451.54	0.00	0.00
	Two-Party	903.08	903.08	0.00	0.00
	Family	1,174.00	1,174.00	0.00	0.00
PERS Care	Single	986.66	531.53	455.13	210.06
	Two-Party	1,973.32	1,063.07	910.25	420.12
	Family	2,565.32	1,381.98	1,183.34	546.16
PORAC	Single	749.00	699.00	50.00	23.08
	Two-Party	1,499.00	1,399.00	100.00	46.15
	Family	1,960.00	1,750.31	209.69	96.78
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

Region 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

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2020 Health Premiums and Contributions
Effective 1/1/2020

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(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	654.04	522.06	131.98	60.91
	Two-Party	1,308.08	1,020.80	287.28	132.59
	Family	1,700.50	1,320.03	380.47	175.60
PERS Anthem HMO Traditional	Single	934.95	522.06	412.89	190.56
	Two-Party	1,869.90	1,020.80	849.10	391.89
	Family	2,430.87	1,320.03	1,110.84	512.70
PERS Blue Shield Access+	Single	909.87	522.06	387.81	178.99
	Two-Party	1,819.74	1,020.80	798.94	368.74
	Family	2,365.66	1,320.03	1,045.63	482.60
PERS Health Net Salud y Mas	Single	435.14	435.14	0.00	0.00
	Two-Party	870.28	870.28	0.00	0.00
	Family	1,131.36	1,131.36	0.00	0.00
PERS Health Net SmartCare	Single	719.26	522.06	197.20	91.02
	Two-Party	1,438.52	1,020.80	417.72	192.79
	Family	1,870.08	1,320.03	550.05	253.87
PERS Kaiser	Single	645.24	522.06	123.18	56.85
	Two-Party	1,290.48	1,020.80	269.68	124.47
	Family	1,677.62	1,320.03	357.59	165.04
PERS UnitedHealthcare	Single	671.60	517.32	154.28	71.21
	Two-Party	1,343.20	1,011.31	331.89	153.18
	Family	1,746.16	1,307.70	438.46	202.37
PERS Choice	Single	736.28	522.06	214.22	98.87
	Two-Party	1,472.56	1,020.80	451.76	208.50
	Family	1,914.33	1,320.03	594.30	274.29
PERS Select	Single	451.54	451.54	0.00	0.00
	Two-Party	903.08	903.08	0.00	0.00
	Family	1,174.00	1,174.00	0.00	0.00
PERS Care	Single	986.66	554.86	431.80	199.29
	Two-Party	1,973.32	1,086.40	886.92	409.35
	Family	2,565.32	1,405.31	1,160.01	535.39
PORAC	Single	749.00	722.33	26.67	12.31
	Two-Party	1,499.00	1,422.33	76.67	35.39
	Family	1,960.00	1,773.64	186.36	86.01
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 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura