City of Huntington Beach
2020 Health Premiums and Contributions
Region 3 - Effective 1/1/2020
HBFA

Plan	Tier	Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Contribution
PERS Anthem HMO Select	Single	619.93	619.93	0.00	0.00
	Two-Party	1,239.86	1,015.00	224.86	103.78
	Family	1,611.82	1,525.00	86.82	40.07
PERS Anthem HMO Traditional	Single	902.63	700.00	202.63	93.52
	Two-Party	1,805.26	1,015.00	790.26	364.74
	Family	2,346.84	1,525.00	821.84	379.31
PERS Blue Shield Access+	Single	813.17	700.00	113.17	52.23
	Two-Party	1,626.34	1,015.00	611.34	282.16
	Family	2,114.24	1,525.00	589.24	271.96
PERS Blue Shield Trio	Single	624.93	624.93	0.00	0.00
	Two-Party	1,249.86	1,249.86	0.00	0.00
	Family	1,624.82	1,624.82	0.00	0.00
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	648.42	0.00	0.00
	Two-Party	1,296.84	1,296.84	0.00	0.00
	Family	1,685.89	1,685.89	0.00	0.00
PERS Kaiser	Single	664.39	664.39	0.00	0.00
	Two-Party	1,328.78	1,015.00	313.78	144.82
	Family	1,727.41	1,525.00	202.41	93.42
PERS UnitedHealthcare	Single	668.31	668.31	0.00	0.00
	Two-Party	1,336.62	1,015.00	321.62	148.44
	Family	1,737.61	1,525.00	212.61	98.13
PERS Choice	Single	710.29	700.00	10.29	4.75
	Two-Party	1,420.58	1,015.00	405.58	187.19
	Family	1,846.75	1,525.00	321.75	148.50
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	700.00	231.12	106.67
	Two-Party	1,862.24	1,015.00	847.24	391.03
	Family	2,420.91	1,525.00	895.91	413.50
PORAC	Single	699.00	699.00	0.00	0.00
	Two-Party	1,399.00	1,015.00	384.00	177.23
	Family	1,894.00	1,525.00	369.00	170.31
Delta Dental PPO	Single	53.90	42.88	11.02	5.09
	Two-Party	100.60	81.82	18.78	8.67
	Family	132.70	116.36	16.34	7.54
Delta Care HMO	Single	30.11	23.00	7.11	3.28
	Two-Party	51.19	39.11	12.08	5.58
	Family	78.29	59.81	18.48	8.53
VSP Vision	Single	23.33	17.58	5.75	2.65
	Two-Party	23.33	17.58	5.75	2.65
	Family	23.33	17.58	5.75	2.65

Medical Opt Out Benefit: $700.00 per month ($323.08 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 3: Los Angeles, Riverside, San Bernardino