City of Huntington Beach
2020 Health Premiums and Contributions
Region 2- Effective 1/1/2020
HBFA

Plan	Tier	Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Contribution
PERS Anthem HMO Select	Single	654.04	654.04	0.00	0.00
	Two-Party	1,308.08	1,015.00	293.08	135.27
	Family	1,700.50	1,525.00	175.50	81.00
PERS Anthem HMO Traditional	Single	934.95	700.00	234.95	108.44
	Two-Party	1,869.90	1,015.00	854.90	394.57
	Family	2,430.87	1,525.00	905.87	418.09
PERS Blue Shield Access+	Single	909.87	700.00	209.87	96.86
	Two-Party	1,819.74	1,015.00	804.74	371.42
	Family	2,365.66	1,525.00	840.66	388.00
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	700.00	19.26	8.89
	Two-Party	1,438.52	1,015.00	423.52	195.47
	Family	1,870.08	1,525.00	345.08	159.27
PERS Kaiser	Single	645.24	645.24	0.00	0.00
	Two-Party	1,290.48	1,015.00	275.48	127.14
	Family	1,677.62	1,525.00	152.62	70.44
PERS UnitedHealthcare	Single	671.60	671.60	0.00	0.00
	Two-Party	1,343.20	1,015.00	328.20	151.48
	Family	1,746.16	1,525.00	221.16	102.07
PERS Choice	Single	736.28	700.00	36.28	16.74
	Two-Party	1,472.56	1,015.00	457.56	211.18
	Family	1,914.33	1,525.00	389.33	179.69
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	700.00	286.66	132.30
	Two-Party	1,973.32	1,015.00	958.32	442.30
	Family	2,565.32	1,525.00	1,040.32	480.15
PORAC	Single	749.00	700.00	49.00	22.62
	Two-Party	1,499.00	1,015.00	484.00	223.38
	Family	1,960.00	1,525.00	435.00	200.77
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 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Ventura, Tulare