## City of Huntington Beach 2020 Health Premiums and Contributions

Effective 10/1/2019\* & 1/1/2020

MEA

## (with Teamsters Medical + Rx)

Plan	Tier	Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Contribution
Teamsters Kaiser*	Single	713.00	713.00	0.00	0.00
	Two-Party	1,340.00	1,307.00	33.00	15.23
	Family	1,927.00	1,557.00	370.00	170.77
Anthem Blue Cross HMO*	Single	713.00	713.00	0.00	0.00
	Two-Party	1,340.00	1,307.00	33.00	15.23
	Family	1,927.00	1,557.00	370.00	170.77
75%/25% Reimb Plan (PPO)*	Single	713.00	713.00	0.00	0.00
	Two-Party	1,340.00	1,307.00	33.00	15.23
	Family	1,927.00	1,557.00	370.00	170.77
Delta Dental PPO	Single	53.90	53.44	0.46	0.21
	Two-Party	100.60	100.34	0.26	0.12
	Family	132.70	132.70	0.00	0.00
Delta Care HMO	Single	30.11	23.48	6.63	3.06
	Two-Party	51.19	39.95	11.24	5.19
	Family	78.29	61.07	17.22	7.95
VSP Vision	Single	23.33	21.88	1.45	0.67
	Two-Party	23.33	21.88	1.45	0.67
	Family	23.33	21.88	1.45	0.67

Medical Opt Out: \$713.00 per month (\$329.08 bi-weekly)

\*Medical rates effective 10/1/2019 - 9/30/2020 Dental and Vision rates effective 1/1/2020 - 12/31/2020