

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

Plan	Tier	Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Contribution
Kaiser	Single	584.00	584.00	0.00	0.00
	Two-Party	1,259.00	1,053.53	205.47	94.83
	Family	1,648.00	1,217.56	430.44	198.66
Blue Shield HMO	Single	733.00	733.00	0.00	0.00
	Two-Party	1,602.00	1,111.06	490.94	226.59
	Family	2,072.00	1,292.20	779.80	359.91
Blue Shield PPO	Single	780.00	780.00	0.00	0.00
	Two-Party	1,649.00	1,257.80	391.20	180.55
	Family	2,043.00	1,423.36	619.64	285.99
Blue Shield CDHP	Single	573.00	573.00	0.00	0.00
	Two-Party	1,213.00	1,213.00	0.00	0.00
	Family	1,501.00	1,423.36	77.64	35.83
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	17.84	5.49	2.53
	Two-Party	23.33	17.84	5.49	2.53
	Family	23.33	17.84	5.49	2.53

Medical Opt-Out: \$584.00 per month (\$269.54 bi-weekly)

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