

**City of Huntington Beach**  
**2020 Health Premiums and Contributions**

Effective 1/1/2020

**MSMA**

(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	619.93	619.93	0.00	0.00
	Two-Party	1,239.86	1,239.86	0.00	0.00
	Family	1,611.82	1,611.82	0.00	0.00
PERS Anthem HMO Traditional	Single	902.63	699.00	203.63	93.98
	Two-Party	1,805.26	1,399.00	406.26	187.50
	Family	2,346.84	1,719.00	627.84	289.77
PERS Blue Shield Access+	Single	813.17	699.00	114.17	52.69
	Two-Party	1,626.34	1,399.00	227.34	104.93
	Family	2,114.24	1,719.00	395.24	182.42
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	1,328.78	0.00	0.00
	Family	1,727.41	1,727.41	0.00	0.00
PERS UnitedHealthcare	Single	668.31	668.31	0.00	0.00
	Two-Party	1,336.62	1,336.62	0.00	0.00
	Family	1,737.61	1,719.00	18.61	8.59
PERS Choice	Single	710.29	699.00	11.29	5.21
	Two-Party	1,420.58	1,399.00	21.58	9.96
	Family	1,846.75	1,719.00	127.75	58.96
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	699.00	232.12	107.13
	Two-Party	1,862.24	1,399.00	463.24	213.80
	Family	2,420.91	1,719.00	701.91	323.96
PORAC	Single	699.00	699.00	0.00	0.00
	Two-Party	1,399.00	1,399.00	0.00	0.00
	Family	1,894.00	1,719.00	175.00	80.77
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	25.77	4.34	2.00
	Two-Party	51.19	43.81	7.38	3.41
	Family	78.29	67.00	11.29	5.21
VSP Vision	Single	23.33	22.76	0.57	0.26
	Two-Party	23.33	22.76	0.57	0.26
	Family	23.33	22.76	0.57	0.26

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

Los Angeles Area Region: Los Angeles, Riverside, San Bernardino

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(Employees who enrolled in Medical but opt out Vision)

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	1,239.86	0.00	0.00
	Family	1,611.82	1,611.82	0.00	0.00
PERS Anthem HMO Traditional	Single	902.63	721.76	180.87	83.48
	Two-Party	1,805.26	1,421.76	383.50	177.00
	Family	2,346.84	1,741.76	605.08	279.27
PERS Blue Shield Access+	Single	813.17	721.76	91.41	42.19
	Two-Party	1,626.34	1,421.76	204.58	94.42
	Family	2,114.24	1,741.76	372.48	171.91
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	1,328.78	0.00	0.00
	Family	1,727.41	1,727.41	0.00	0.00
PERS UnitedHealthcare	Single	668.31	668.31	0.00	0.00
	Two-Party	1,336.62	1,336.62	0.00	0.00
	Family	1,737.61	1,737.61	0.00	0.00
PERS Choice	Single	710.29	710.29	0.00	0.00
	Two-Party	1,420.58	1,420.58	0.00	0.00
	Family	1,846.75	1,741.76	104.99	48.46
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	721.76	209.36	96.63
	Two-Party	1,862.24	1,421.76	440.48	203.30
	Family	2,420.91	1,741.76	679.15	313.45
PORAC	Single	699.00	699.00	0.00	0.00
	Two-Party	1,399.00	1,399.00	0.00	0.00
	Family	1,894.00	1,894.00	0.00	0.00
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	25.77	4.34	2.00
	Two-Party	51.19	43.81	7.38	3.41
	Family	78.29	67.00	11.29	5.21

Medical Opt Out Benefit: \$699.00 per month (\$322.62 bi-weekly)

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