

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	654.04	654.04	0.00	0.00
	Two-Party	1,308.08	1,308.08	0.00	0.00
	Family	1,700.50	1,700.50	0.00	0.00
PERS Anthem HMO Traditional	Single	934.95	699.00	235.95	108.90
	Two-Party	1,869.90	1,399.00	470.90	217.34
	Family	2,430.87	1,719.00	711.87	328.56
PERS Blue Shield Access+	Single	909.87	699.00	210.87	97.32
	Two-Party	1,819.74	1,399.00	420.74	194.19
	Family	2,365.66	1,719.00	646.66	298.46
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	699.00	20.26	9.35
	Two-Party	1,438.52	1,399.00	39.52	18.24
	Family	1,870.08	1,719.00	151.08	69.73
PERS Kaiser	Single	645.24	645.24	0.00	0.00
	Two-Party	1,290.48	1,290.48	0.00	0.00
	Family	1,677.62	1,677.62	0.00	0.00
PERS UnitedHealthcare	Single	671.60	671.60	0.00	0.00
	Two-Party	1,343.20	1,343.20	0.00	0.00
	Family	1,746.16	1,719.00	27.16	12.54
PERS Choice	Single	736.28	699.00	37.28	17.21
	Two-Party	1,472.56	1,399.00	73.56	33.95
	Family	1,914.33	1,719.00	195.33	90.15
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	699.00	287.66	132.77
	Two-Party	1,973.32	1,399.00	574.32	265.07
	Family	2,565.32	1,719.00	846.32	390.61
PORAC	Single	749.00	699.00	50.00	23.08
	Two-Party	1,499.00	1,399.00	100.00	46.15
	Family	1,960.00	1,719.00	241.00	111.23
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

Other Southern California Region: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

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

Effective 1/1/2020

MSMA

(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	654.04	654.04	0.00	0.00
	Two-Party	1,308.08	1,308.08	0.00	0.00
	Family	1,700.50	1,700.50	0.00	0.00
PERS Anthem HMO Traditional	Single	934.95	721.76	213.19	98.40
	Two-Party	1,869.90	1,421.76	448.14	206.83
	Family	2,430.87	1,741.76	689.11	318.05
PERS Blue Shield Access+	Single	909.87	721.76	188.11	86.82
	Two-Party	1,819.74	1,421.76	397.98	183.68
	Family	2,365.66	1,741.76	623.90	287.95
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	719.26	0.00	0.00
	Two-Party	1,438.52	1,421.76	16.76	7.74
	Family	1,870.08	1,741.76	128.32	59.22
PERS Kaiser	Single	645.24	645.24	0.00	0.00
	Two-Party	1,290.48	1,290.48	0.00	0.00
	Family	1,677.62	1,677.62	0.00	0.00
PERS UnitedHealthcare	Single	671.60	671.60	0.00	0.00
	Two-Party	1,343.20	1,343.20	0.00	0.00
	Family	1,746.16	1,741.76	4.40	2.03
PERS Choice	Single	736.28	721.76	14.52	6.70
	Two-Party	1,472.56	1,421.76	50.80	23.45
	Family	1,914.33	1,741.76	172.57	79.65
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	721.76	264.90	122.26
	Two-Party	1,973.32	1,421.76	551.56	254.57
	Family	2,565.32	1,741.76	823.56	380.10
PORAC	Single	749.00	721.76	27.24	12.57
	Two-Party	1,499.00	1,421.76	77.24	35.65
	Family	1,960.00	1,741.76	218.24	100.73
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)

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

Other Southern California Region: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura