

City of Huntington Beach
2020 Health Premiums and Contributions
Effective 1/1/2020
Non-Associated

Plan	Tier	Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Contribution
Kaiser	Single	584.00	551.00	33.00	15.23
	Two-Party	1,259.00	1,174.36	84.64	39.06
	Family	1,648.00	1,370.04	277.96	128.29
Blue Shield HMO	Single	733.00	733.00	0.00	0.00
	Two-Party	1,602.00	1,174.36	427.64	197.37
	Family	2,072.00	1,370.04	701.96	323.98
Blue Shield PPO	Single	780.00	780.00	0.00	0.00
	Two-Party	1,649.00	1,335.78	313.22	144.56
	Family	2,043.00	1,514.31	528.69	244.01
Delta Dental PPO	Single	53.90	45.02	8.88	4.10
	Two-Party	100.60	85.91	14.69	6.78
	Family	132.70	122.18	10.52	4.86
Delta Care HMO	Single	30.11	30.11	0.00	0.00
	Two-Party	51.19	51.19	0.00	0.00
	Family	78.29	78.29	0.00	0.00
VSP Vision	Single	23.33	0.00	23.33	10.77
	Two-Party	23.33	0.00	23.33	10.77
	Family	23.33	0.00	23.33	10.77

Medical Opt-Out: \$551.00 per month (\$254.31 bi-weekly)