

City of Huntington Beach
2020 Health Premiums and Contributions

Effective 1/1/2020

POA

(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	774.00	128.63	59.37
	Two-Party	1,805.26	1,623.00	182.26	84.12
	Family	2,346.84	2,076.00	270.84	125.00
PERS Blue Shield Access+	Single	813.17	774.00	39.17	18.08
	Two-Party	1,626.34	1,623.00	3.34	1.54
	Family	2,114.24	2,076.00	38.24	17.65
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	1,846.75	0.00	0.00
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	774.00	157.12	72.52
	Two-Party	1,862.24	1,623.00	239.24	110.42
	Family	2,420.91	2,076.00	344.91	159.19
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	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	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: \$774.00 per month (\$357.23 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

Region 3: Los Angeles, Riverside, San Bernardino

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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	796.76	105.87	48.86
	Two-Party	1,805.26	1,645.76	159.50	73.62
	Family	2,346.84	2,098.76	248.08	114.50
PERS Blue Shield Access+	Single	813.17	796.76	16.41	7.57
	Two-Party	1,626.34	1,626.34	0.00	0.00
	Family	2,114.24	2,098.76	15.48	7.14
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	1,846.75	0.00	0.00
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	796.76	134.36	62.01
	Two-Party	1,862.24	1,645.76	216.48	99.91
	Family	2,420.91	2,098.76	322.15	148.68
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	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

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