

**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	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	774.00	160.95	74.28
	Two-Party	1,869.90	1,623.00	246.90	113.95
	Family	2,430.87	2,076.00	354.87	163.79
PERS Blue Shield Access+	Single	909.87	774.00	135.87	62.71
	Two-Party	1,819.74	1,623.00	196.74	90.80
	Family	2,365.66	2,076.00	289.66	133.69
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	1,438.52	0.00	0.00
	Family	1,870.08	1,870.08	0.00	0.00
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	1,746.16	0.00	0.00
PERS Choice	Single	736.28	736.28	0.00	0.00
	Two-Party	1,472.56	1,472.56	0.00	0.00
	Family	1,914.33	1,914.33	0.00	0.00
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	774.00	212.66	98.15
	Two-Party	1,973.32	1,623.00	350.32	161.69
	Family	2,565.32	2,076.00	489.32	225.84
PORAC	Single	749.00	749.00	0.00	0.00
	Two-Party	1,499.00	1,499.00	0.00	0.00
	Family	1,960.00	1,960.00	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 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Ventura, Tulare

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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	796.76	138.19	63.78
	Two-Party	1,869.90	1,645.76	224.14	103.45
	Family	2,430.87	2,098.76	332.11	153.28
PERS Blue Shield Access+	Single	909.87	796.76	113.11	52.20
	Two-Party	1,819.74	1,645.76	173.98	80.30
	Family	2,365.66	2,098.76	266.90	123.18
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	1,438.52	0.00	0.00
	Family	1,870.08	1,870.08	0.00	0.00
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	1,746.16	0.00	0.00
PERS Choice	Single	736.28	736.28	0.00	0.00
	Two-Party	1,472.56	1,472.56	0.00	0.00
	Family	1,914.33	1,914.33	0.00	0.00
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	796.76	189.90	87.65
	Two-Party	1,973.32	1,645.76	327.56	151.18
	Family	2,565.32	2,098.76	466.56	215.34
PORAC	Single	749.00	749.00	0.00	0.00
	Two-Party	1,499.00	1,499.00	0.00	0.00
	Family	1,960.00	1,960.00	0.00	0.00
Delta Dental PPO	Single	53.90	53.90	0.00	0.00
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