

City of Huntington Beach
2019 Health Premiums and Contributions
Effective 1/1/2019
MEO

Plan	Tier	Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Contribution
Kaiser	Single	551.00	551.00	0.00	0.00
	Two-Party	1,188.00	1,053.53	134.47	62.06
	Family	1,555.00	1,217.56	337.44	155.74
Blue Shield HMO	Single	733.00	733.00	0.00	0.00
	Two-Party	1,602.00	1,111.06	490.94	226.59
	Family	2,072.00	1,292.20	779.80	359.91
Blue Shield PPO	Single	780.00	780.00	0.00	0.00
	Two-Party	1,649.00	1,257.80	391.20	180.55
	Family	2,043.00	1,423.36	619.64	285.99
Blue Shield CDHP	Single	573.00	573.00	0.00	0.00
	Two-Party	1,213.00	1,213.00	0.00	0.00
	Family	1,501.00	1,423.36	77.64	35.83
Delta Dental PPO	Single	56.00	42.88	13.12	6.06
	Two-Party	104.60	81.82	22.78	10.51
	Family	137.90	116.36	21.54	9.94
Delta Care HMO	Single	30.11	23.00	7.11	3.28
	Two-Party	51.19	39.11	12.08	5.58
	Family	78.29	59.81	18.48	8.53
VSP Vision	Single	23.33	17.84	5.49	2.53
	Two-Party	23.33	17.84	5.49	2.53
	Family	23.33	17.84	5.49	2.53

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

Employee and City contributions subject to change as a result of contract negotiations