

City of Huntington Beach
 2016 Health Premiums and Contributions
 Effective Payperiod 5/21/2016

MEO

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	466.65	466.65	0.00	0.00
	Two-Party	1,022.11	853.53	168.58	77.81
	Family	1,343.90	1,017.56	326.34	150.62
Blue Shield HMO	Single	671.00	601.43	69.57	32.11
	Two-Party	1,466.00	911.06	554.94	256.13
	Family	1,896.00	1,092.20	803.80	370.99
Blue Shield PPO	Single	736.00	701.17	34.83	16.08
	Two-Party	1,555.00	1,057.80	497.20	229.48
	Family	1,927.00	1,223.36	703.64	324.76
Blue Shield CDHP	Single	541.00	541.00	0.00	0.00
	Two-Party	1,144.00	1,057.80	86.20	39.78
	Family	1,416.00	1,223.36	192.64	88.91
Delta Dental PPO	Single	58.10	42.88	15.22	7.02
	Two-Party	108.60	81.82	26.78	12.36
	Family	143.20	116.36	26.84	12.39
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	25.12	17.84	7.28	3.36
	Two-Party	25.12	17.84	7.28	3.36
	Family	25.12	17.84	7.28	3.36

Medical Opt-Out: \$466.65 per month (\$215.38 bi-weekly)