

City of Huntington Beach
 2016 Health Premiums and Contributions
 Effective 1/1/2016
Ambulance Operator

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	466.65	555.46	256.37
	Family	1,343.90	466.65	877.25	404.88
Blue Shield HMO	Single	671.00	466.65	204.35	94.32
	Two-Party	1,466.00	466.65	999.35	461.24
	Family	1,896.00	466.65	1,429.35	659.70
Blue Shield PPO	Single	736.00	466.65	269.35	124.32
	Two-Party	1,555.00	466.65	1,088.35	502.32
	Family	1,927.00	466.65	1,460.35	674.01
Blue Shield HDHP	Single	541.00	466.65	74.35	34.32
	Two-Party	1,144.00	466.65	677.35	312.62
	Family	1,416.00	466.65	949.35	438.16
Delta Dental PPO	Single	58.10	30.11	27.99	12.92
	Two-Party	108.60	30.11	78.49	36.23
	Family	143.20	30.11	113.09	52.20
Delta Care HMO	Single	30.11	30.11	0.00	0.00
	Two-Party	51.19	30.11	21.08	9.73
	Family	78.29	30.11	48.18	22.24
VSP Vision	Single	25.12	0.00	25.12	11.59
	Two-Party	25.12	0.00	25.12	11.59
	Family	25.12	0.00	25.12	11.59

City's contribution matches 100% of the cost of the least expensive HMO plan for medical and dental for employee.