

City of Huntington Beach
 2016 Health Premiums and Contributions
 Effective 1/1/2016
Non-Associated

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	466.65	440.76	25.89	11.95
	Two-Party	1,022.11	774.36	247.75	114.35
	Family	1,343.90	970.04	373.86	172.55
Blue Shield HMO	Single	671.00	440.76	230.24	106.26
	Two-Party	1,466.00	774.36	691.64	319.22
	Family	1,896.00	970.04	925.96	427.37
Blue Shield PPO	Single	736.00	550.48	185.52	85.62
	Two-Party	1,555.00	935.78	619.22	285.79
	Family	1,927.00	1,114.31	812.69	375.09
Delta Dental PPO	Single	58.10	45.02	13.08	6.04
	Two-Party	108.60	85.91	22.69	10.47
	Family	143.20	122.18	21.02	9.70
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	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

Medical Opt-Out: \$440.76 per month (\$203.43 bi-weekly)