

**City of Modesto Active Members**  
**Plan Year January 01, 2025 through December 31, 2025**

	<u>TOTAL PREMIUM</u>	<u>CITY CONTRIBUTION</u>	<u>EMPLOYEE DEDUCTION</u>	<u>IN-LIEU CONTRIBUTION</u>
<b><u>KAISER HMO</u></b>				
Single	\$554.38	\$359.00	\$195.38	\$0.00
Employee + 1	\$1,109.25	\$718.00	\$391.25	\$0.00
Family	\$1,566.07	\$1,014.00	\$552.07	\$0.00
<b><u>KAISER HDHP</u></b>				
Single	\$405.38	\$359.00	\$46.38	\$0.00
Employee + 1	\$811.75	\$718.00	\$93.75	\$0.00
Family	\$1,145.07	\$1,014.00	\$131.07	\$0.00
<b><u>Anthem PPO</u></b>				
Single	\$461.38	\$359.00	\$102.38	\$0.00
Employee + 1	\$922.25	\$718.00	\$204.25	\$0.00
Family	\$1,303.07	\$1,014.00	\$289.07	\$0.00
<b><u>Anthem PPO Select</u></b>				
Single	\$438.88	\$359.00	\$79.88	\$0.00
Employee + 1	\$876.25	\$718.00	\$158.25	\$0.00
Family	\$1,238.57	\$1,014.00	\$224.57	\$0.00
<b><u>Anthem HDHP 510</u></b>				
Single	\$391.38	\$359.00	\$32.38	\$0.00
Employee + 1	\$781.25	\$718.00	\$63.25	\$0.00
Family	\$1,103.07	\$1,014.00	\$89.07	\$0.00
<b><u>OPT-OUT</u></b>				
<b><u>(Enrolled in</u></b>				
<b><u>Dental/Vision only)</u></b>				<b>(Cash In-Lieu)</b>
Single	\$24.88	\$225.00	\$0.00	\$200.12
Employee + 1	\$49.75	\$225.00	\$0.00	\$175.25
Family	\$67.57	\$225.00	\$0.00	\$157.43

**RATES SHOWN ABOVE ARE BI-WEEKLY (24 pay periods per year)**

**PREMIUMS SHOWN ABOVE INCLUDE STANISLAUS FOUNDATION FOR DENTAL AND VSP FOR VISION.**