

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

With Dental Buy-Up

	<u>TOTAL PREMIUM</u>	<u>CITY CONTRIBUTION</u>	<u>EMPLOYEE DEDUCTION</u>	<u>IN-LIEU CONTRIBUTION</u>
<u>KAISER HMO</u>				
Single	\$556.79	\$359.00	\$197.79	\$0.00
Employee + 1	\$1,114.05	\$718.00	\$396.05	\$0.00
Family	\$1,572.59	\$1,014.00	\$558.59	\$0.00
<u>KAISER HDHP</u>				
Single	\$407.79	\$359.00	\$48.79	\$0.00
Employee + 1	\$816.55	\$718.00	\$98.55	\$0.00
Family	\$1,151.59	\$1,014.00	\$137.59	\$0.00
<u>Anthem PPO</u>				
Single	\$466.29	\$359.00	\$107.29	\$0.00
Employee + 1	\$931.05	\$718.00	\$213.05	\$0.00
Family	\$1,315.09	\$1,014.00	\$301.09	\$0.00
<u>Anthem PPO Select</u>				
Single	\$441.29	\$359.00	\$82.29	\$0.00
Employee + 1	\$881.05	\$718.00	\$163.05	\$0.00
Family	\$1,245.09	\$1,014.00	\$231.09	\$0.00
<u>Anthem HDHP 510</u>				
Single	\$393.79	\$359.00	\$34.79	\$0.00
Employee + 1	\$786.05	\$718.00	\$68.05	\$0.00
Family	\$1,109.59	\$1,014.00	\$95.59	\$0.00
OPT-OUT				
<u>(Enrolled in</u>				
<u>Dental/Vision only)</u>				
Single	\$27.29	\$288.00	\$0.00	\$260.71
Employee + 1	\$54.55	\$288.00	\$0.00	\$233.45
Family	\$74.09	\$288.00	\$0.00	\$213.91

(Deposited to HSA)

(Cash In-Lieu)

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

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