

City of Modesto MPOA 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>
<u>KAISER HMO</u>				
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
<u>KAISER HDHP</u>				
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
<u>Anthem PPO</u>				
Single	\$463.88	\$359.00	\$104.88	\$0.00
Employee + 1	\$926.25	\$718.00	\$208.25	\$0.00
Family	\$1,308.57	\$1,014.00	\$294.57	\$0.00
<u>Anthem PPO Select</u>				
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
<u>Anthem HDHP 510</u>				
	(\$5,000/\$10,000)			(Deposited to HSA)
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
<u>OPT-OUT</u>				
<u>(Enrolled in</u>				
<u>Dental/Vision only)</u>				
				(Cash In-Lieu)
Single	\$24.88	\$288.00	\$0.00	\$263.12
Employee + 1	\$49.75	\$288.00	\$0.00	\$238.25
Family	\$67.57	\$288.00	\$0.00	\$220.43

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

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