

City of Modesto
Under 65 Retiree Rates/ Non-Medicare Eligible
2025 Plan Year
Rates effective 1/1/2025 - 12/31/2025

**Medical
In-Area**

	<u>Kaiser HMO</u>	<u>Kaiser HDHP</u>	<u>Anthem PPO</u>	<u>Anthem PPO Select</u>	<u>Anthem HDHP 510</u>
Single	1,609.00	1,166.00	1,326.00	1,258.00	1,112.00
Two-Party	3,219.00	2,332.00	2,650.00	2,511.00	2,226.00
Family	4,554.00	3,287.00	3,749.00	3,558.00	3,145.00

Medical

Out-of-State

Single	N/A	N/A	1,326.00	1258.00	1,112.00
Two-Party	N/A	N/A	2,650.00	2511.00	2,226.00
Family	N/A	N/A	3,749.00	3558.00	3,145.00

Dental

Single	70.95
Two-Party	141.91
Family	192.71

Stanislaus Foundation

Vision

Single	14.52
Two-Party	29.07
Family	40.69

VSP

Single	14.52
Two-Party	29.07
Family	40.69

Calculating Your Insurance Premium:

Health Premium: \$ _____

(add) +

Dental Premium: \$ _____

(add) +

Vision Premium: \$ _____

Total Premium: = \$ _____

(minus) -

City contribution:

(if applicable) \$ _____

=

Monthly Cost: \$ _____