

City of Modesto MPOA Members

Plan Year January 01, 2026 through December 31, 2026

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	\$548.29	\$375.00	\$173.29	
Employee + 1	\$1,097.05	\$750.00	\$347.05	
Family	\$1,548.09	\$1,059.00	\$489.09	
<u>KAISER HDHP</u>				
Single	\$463.29	\$375.00	\$88.29	
Employee + 1	\$927.05	\$750.00	\$177.05	
Family	\$1,308.09	\$1,059.00	\$249.09	
<u>Anthem PPO</u>				
Single	\$530.29	\$375.00	\$155.29	
Employee + 1	\$1,058.55	\$750.00	\$308.55	
Family	\$1,495.59	\$1,059.00	\$436.59	
<u>Anthem PPO Select</u>				
Single	\$475.29	\$375.00	\$100.29	
Employee + 1	\$949.05	\$750.00	\$199.05	
Family	\$1,341.59	\$1,059.00	\$282.59	
<u>Anthem HDHP 510</u>				
Single	\$447.29	\$375.00	\$72.29	
Employee + 1	\$892.55	\$750.00	\$142.55	
Family	\$1,260.09	\$1,059.00	\$201.09	
<u>OPT-OUT</u>				
<u>(Enrolled in Dental/Vision only)</u>				
				(Cash In-Lieu)
Single	\$27.29	\$300.00	\$0.00	\$272.71
Employee + 1	\$54.55	\$300.00	\$0.00	\$245.45
Family	\$74.09	\$300.00	\$0.00	\$225.91

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

PREMIUMS SHOWN ABOVE INCLUDE DENTAL INSURANCE WITH STANISLAUS FOUNDATION AND VISION INSURANCE WITH VSP