

# City of Modesto MPOA Members

Plan Year January 01, 2026 through December 31, 2026

## With CORE Dental

	<u>TOTAL PREMIUM</u>	<u>CITY CONTRIBUTION</u>	<u>EMPLOYEE DEDUCTION</u>	<u>IN-LIEU CONTRIBUTION</u>
<b><u>KAISER HMO</u></b>				
Single	\$545.88	\$375.00	\$170.88	
Employee + 1	\$1,092.25	\$750.00	\$342.25	
Family	\$1,541.57	\$1,059.00	\$482.57	
<b><u>KAISER HDHP</u></b>				
Single	\$460.88	\$375.00	\$85.88	
Employee + 1	\$922.25	\$750.00	\$172.25	
Family	\$1,301.57	\$1,059.00	\$242.57	
<b><u>Anthem PPO</u></b>				
Single	\$527.88	\$375.00	\$152.88	
Employee + 1	\$1,053.75	\$750.00	\$303.75	
Family	\$1,489.07	\$1,059.00	\$430.07	
<b><u>Anthem PPO Select</u></b>				
Single	\$472.88	\$375.00	\$97.88	
Employee + 1	\$944.25	\$750.00	\$194.25	
Family	\$1,335.07	\$1,059.00	\$276.07	
<b><u>Anthem HDHP 510</u></b>				
<i>(\$5,000/\$10,000)</i>				
Single	\$444.88	\$375.00	\$69.88	
Employee + 1	\$887.75	\$750.00	\$137.75	
Family	\$1,253.57	\$1,059.00	\$194.57	
<b>OPT-OUT</b>				
<b><u>(Enrolled in Dental/Vision only)</u></b>				
				<b>(Cash In-Lieu)</b>
Single	\$24.88	\$300.00	\$0.00	\$275.12
Employee + 1	\$49.75	\$300.00	\$0.00	\$250.25
Family	\$67.57	\$300.00	\$0.00	\$232.43

**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**