

# City of Modesto Active 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>
<b><u>KAISER HMO</u></b>				
Single	\$548.29	\$374.00	\$174.29	
Employee + 1	\$1,097.05	\$747.00	\$350.05	
Family	\$1,548.09	\$1,055.00	\$493.09	
<b><u>KAISER HDHP</u></b>				
Single	\$463.29	\$374.00	\$89.29	
Employee + 1	\$927.05	\$747.00	\$180.05	
Family	\$1,308.09	\$1,055.00	\$253.09	
<b><u>Anthem PPO</u></b>				
Single	\$527.29	\$374.00	\$153.29	
Employee + 1	\$1,054.05	\$747.00	\$307.05	
Family	\$1,489.09	\$1,055.00	\$434.09	
<b><u>Anthem PPO Select</u></b>				
Single	\$475.29	\$374.00	\$101.29	
Employee + 1	\$949.05	\$747.00	\$202.05	
Family	\$1,341.59	\$1,055.00	\$286.59	
<b><u>Anthem HDHP 510</u></b>				
Single	\$447.29	\$374.00	\$73.29	
Employee + 1	\$892.55	\$747.00	\$145.55	
Family	\$1,260.09	\$1,055.00	\$205.09	
<b>OPT-OUT</b>				
<b>(Enrolled in Dental and Vision only)</b>				
				<b>(Cash In-Lieu)</b>
Single	\$27.29	\$225.00	\$0.00	\$197.71
Employee + 1	\$54.55	\$225.00	\$0.00	\$170.45
Family	\$74.09	\$225.00	\$0.00	\$150.91

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