

City of Modesto Active 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>
<u>KAISER HMO</u>				
Single	\$545.88	\$374.00	\$171.88	
Employee + 1	\$1,092.25	\$747.00	\$345.25	
Family	\$1,541.57	\$1,055.00	\$486.57	
<u>KAISER HDHP</u>				
Single	\$460.88	\$374.00	\$86.88	
Employee + 1	\$922.25	\$747.00	\$175.25	
Family	\$1,301.57	\$1,055.00	\$246.57	
<u>Anthem PPO</u>				
Single	\$524.88	\$374.00	\$150.88	
Employee + 1	\$1,049.25	\$747.00	\$302.25	
Family	\$1,482.57	\$1,055.00	\$427.57	
<u>Anthem PPO Select</u>				
Single	\$472.88	\$374.00	\$98.88	
Employee + 1	\$944.25	\$747.00	\$197.25	
Family	\$1,335.07	\$1,055.00	\$280.07	
<u>Anthem HDHP 510</u>				
Single	\$444.88	\$374.00	\$70.88	
Employee + 1	\$887.75	\$747.00	\$140.75	
Family	\$1,253.57	\$1,055.00	\$198.57	
<u>OPT-OUT</u>				
<u>(Enrolled in Dental and Vision only)</u>				
				(Cash In-Lieu)
Single	\$24.88	\$225.00	\$0.00	\$200.12
Employee + 1	\$49.75	\$225.00	\$0.00	\$175.25
Family	\$67.57	\$225.00	\$0.00	\$157.43

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