

City of Modesto
Under 65 Retiree Rates/ Non-Medicare Eligible
2026 Plan Year
Rates effective 1/1/2026 - 12/31/2026

**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	1,585.00	1,335.00	1,521.00	1,404.00	1,274.00
Two-Party	3,171.00	2,671.00	3,038.00	2,802.00	2,549.00
Family	4,487.00	3,776.00	4,298.00	3,970.00	3,602.00

Medical

Out-of-State

Single	N/A	N/A	1,521.00	1404.00	1,274.00
Two-Party	N/A	N/A	3,038.00	2802.00	2,549.00
Family	N/A	N/A	4,298.00	3970.00	3,602.00

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: \$ _____