City of Desert Hot Springs
Employee Benefits Schedule
Medical/Dental/Vision

Proposed

July 2017 – June 2018

TIER	PLAN	PREMIUM	ER CONTRIBUTION	EE PAYS
Employee Only	Anthem Blue Cross EPO	650.19	607.57	42.62
	Anthem Blue Cross PPO	624.45	581.83	42.62
	Kaiser HMO	442.78	400.16	42.62
	Dental PPO	54.83	54.83	0
	Dental HMO	14.20	14.20	0
	Vision	14.55	14.55	0
Employee & Spouse	Anthem Blue Cross EPO	1332.89	1238.90	93.99
	Anthem Blue Cross PPO	1280.12	1186.13	93.99
	Kaiser HMO	929.83	835.84	93.99
	Dental PPO	103.46	103.46	0
	Dental HMO	29.60	29.60	0
	Vision	24.95	24.95	0
Employee & Children	Anthem Blue Cross EPO	1202.85	1125.55	77.30
	Anthem Blue Cross PPO	1155.12	1077.82	77.30
	Kaiser HMO	841.27	763.97	77.30
	Dental PPO	120.61	120.61	0
	Dental HMO	30.70	30.70	0
	Vision	25.47	25.47	0
Employee & Family	Anthem Blue Cross EPO	1820.53	1568.42	252.11
	Anthem Blue Cross PPO	1748.46	1496.35	252.11
	Kaiser HMO	1284.05	1031.94	252.11
	Dental PPO	149.25	106.42	42.83
	Dental HMO	45.60	2.77	42.83
	Vision	41.06	33.00	8.06