

**2025 ACTIVE EMPLOYEE PREMIUM RATES**

Plan Choices	2024 Monthly Rates			2025 Monthly Rates		
	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
<b><u>Kaiser HMO</u></b>						
Employee Only	\$ 886.16	\$ 873.74	\$ 722.84	\$ 916.62	\$ 903.78	\$ 747.70
Employee + 1 dependent	\$ 1,772.32	\$ 1,747.48	\$ 1,445.68	\$ 1,833.24	\$ 1,807.56	\$ 1,495.40
Employee + 2 or more dep.	\$ 2,357.18	\$ 2,324.16	\$ 1,922.76	\$ 2,438.22	\$ 2,404.06	\$ 1,988.88
Domestic Partner - City Affidavit	\$ 886.16	\$ 873.74	\$ 722.84	\$ 916.62	\$ 903.78	\$ 747.70
<b><u>Western Health Advantage</u></b>						
Employee Only	\$ 865.28	\$ 848.32	\$ 579.98	\$ 949.06	\$ 930.46	\$ 636.14
Employee + 1 dependent	\$ 1,730.48	\$ 1,696.60	\$ 1,159.94	\$ 1,898.02	\$ 1,860.86	\$ 1,272.24
Employee + 2 or more dep.	\$ 2,301.60	\$ 2,256.52	\$ 1,542.74	\$ 2,524.44	\$ 2,475.00	\$ 1,692.12
Domestic Partner - City Affidavit	\$ 865.20	\$ 848.28	\$ 579.96	\$ 948.96	\$ 930.40	\$ 636.10
<b><u>Sutter Health Plus</u></b>						
Employee Only	\$ 856.00	\$ 824.40	\$ 701.80	\$ 894.50	\$ 861.30	\$ 737.80
Employee + 1 dependent	\$ 1,712.10	\$ 1,648.90	\$ 1,403.60	\$ 1,789.10	\$ 1,722.70	\$ 1,475.60
Employee + 2 or more dep.	\$ 2,277.00	\$ 2,193.00	\$ 1,866.80	\$ 2,380.40	\$ 2,292.10	\$ 1,962.60
Domestic Partner - City Affidavit	\$ 856.10	\$ 824.50	\$ 701.80	\$ 894.60	\$ 861.40	\$ 737.80
<b><u>Delta Dental PPO</u></b>						
Employee Only	\$ 60.82			\$ 60.82		
Employee + 1 dependent	\$ 115.50			\$ 115.50		
Employee + 2 or more dep.	\$ 153.78			\$ 153.78		
Domestic Partner - City Affidavit	\$ 54.68			\$ 54.68		
<b><u>DeltaCare USA (DMO)</u></b>						
Employee Only	\$ 27.86			\$ 27.86		
Employee + 1 dependent	\$ 52.92			\$ 52.92		
Employee + 2 or more dep.	\$ 70.44			\$ 70.44		
Domestic Partner - City Affidavit	\$ 25.06			\$ 25.06		
<b>Plan Choices</b>						
	<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>	
<b><u>VSP-Vision Service Plan</u></b>						
Employee Only	\$ 8.44	\$ 13.02		\$ 8.44	\$ 13.02	
Employee + 1 dependent	\$ 12.14	\$ 18.68		\$ 12.14	\$ 18.68	
Employee + 2 or more dep.	\$ 21.72	\$ 33.44		\$ 21.72	\$ 33.44	
Domestic Partner - City Affidavit	\$ 3.70	\$ 5.66		\$ 3.70	\$ 5.66	
<b><u>Waive Medical Coverage</u></b>						
Cash-back option**	Variable			Variable		
**Please refer to your Labor Agreement for Cash-Back eligibility						