

**All Rep Units
.80 to 1.0 FTE**

| Plan Choices | 2024 Monthly Rates | | | 2025 Monthly Rates | | | 2025 Employer Contribution | | | 2025 Employee Cost (Monthly) | | | 2025 Employee Cost (Per Pay Period) | | |
|--|-----------------------|-----------------|-------------|-----------------------|-----------------|-------------|-------------------------------|-----------------|-------------|---------------------------------|-----------------|-------------|--|-----------------|-------------|
| | \$25 Co-Pay | \$40 Co-Pay | ABHP | \$25 Co-Pay | \$40 Co-Pay | ABHP | \$25 Co-Pay | \$40 Co-Pay | ABHP | \$25 Co-Pay | \$40 Co-Pay | ABHP | \$25 Co-Pay | \$40 Co-Pay | ABHP |
| <u>Kaiser HMO</u> | | | | | | | | | | | | | | | |
| Employee Only | \$ 886.16 | \$ 873.74 | \$ 722.84 | \$ 916.62 | \$ 903.78 | \$ 747.70 | \$ 971.00 | \$ 971.00 | \$ 971.00 | \$ (54.38) | \$ (67.22) | \$ (223.30) | \$ (27.19) | \$ (33.61) | \$ (111.65) |
| Employee + 1 dependent | \$ 1,772.32 | \$ 1,747.48 | \$ 1,445.68 | \$ 1,833.24 | \$ 1,807.56 | \$ 1,495.40 | \$ 1,545.00 | \$ 1,545.00 | \$ 1,545.00 | \$ 288.24 | \$ 262.56 | \$ (49.60) | \$ 144.12 | \$ 131.28 | \$ (24.80) |
| Employee + 2 or more dep. | \$ 2,357.18 | \$ 2,324.16 | \$ 1,922.76 | \$ 2,438.22 | \$ 2,404.06 | \$ 1,988.88 | \$ 2,051.00 | \$ 2,051.00 | \$ 2,051.00 | \$ 387.22 | \$ 353.06 | \$ (62.12) | \$ 193.61 | \$ 176.53 | \$ (31.06) |
| Domestic Partner - City Affidavit | \$ 886.16 | \$ 873.74 | \$ 722.84 | \$ 916.62 | \$ 903.78 | \$ 747.70 | \$ - | \$ - | \$ - | \$ 916.62 | \$ 903.78 | \$ 747.70 | \$ 458.31 | \$ 451.89 | \$ 373.85 |
| <u>Western Health Advantage</u> | | | | | | | | | | | | | | | |
| Employee Only | \$ 865.28 | \$ 848.32 | \$ 579.98 | \$ 949.06 | \$ 930.46 | \$ 636.14 | \$ 971.00 | \$ 971.00 | \$ 971.00 | \$ (21.94) | \$ (40.54) | \$ (334.86) | \$ (10.97) | \$ (20.27) | \$ (167.43) |
| Employee + 1 dependent | \$ 1,730.48 | \$ 1,696.60 | \$ 1,159.94 | \$ 1,898.02 | \$ 1,860.86 | \$ 1,272.24 | \$ 1,545.00 | \$ 1,545.00 | \$ 1,545.00 | \$ 353.02 | \$ 315.86 | \$ (272.76) | \$ 176.51 | \$ 157.93 | \$ (136.38) |
| Employee + 2 or more dep. | \$ 2,301.60 | \$ 2,256.52 | \$ 1,542.74 | \$ 2,524.44 | \$ 2,475.00 | \$ 1,692.12 | \$ 2,051.00 | \$ 2,051.00 | \$ 2,051.00 | \$ 473.44 | \$ 424.00 | \$ (358.88) | \$ 236.72 | \$ 212.00 | \$ (179.44) |
| Domestic Partner - City Affidavit | \$ 865.20 | \$ 848.28 | \$ 579.96 | \$ 948.96 | \$ 930.40 | \$ 636.10 | \$ - | \$ - | \$ - | \$ 948.96 | \$ 930.40 | \$ 636.10 | \$ 474.48 | \$ 465.20 | \$ 318.05 |
| <u>Sutter Health Plus</u> | | | | | | | | | | | | | | | |
| Employee Only | \$ 856.00 | \$ 824.40 | \$ 701.80 | \$ 894.50 | \$ 861.30 | \$ 737.80 | \$ 971.00 | \$ 971.00 | \$ 971.00 | \$ (76.50) | \$ (109.70) | \$ (233.20) | \$ (38.25) | \$ (54.85) | \$ (116.60) |
| Employee + 1 dependent | \$ 1,712.10 | \$ 1,648.90 | \$ 1,403.60 | \$ 1,789.10 | \$ 1,722.70 | \$ 1,475.60 | \$ 1,545.00 | \$ 1,545.00 | \$ 1,545.00 | \$ 244.10 | \$ 177.70 | \$ (69.40) | \$ 122.05 | \$ 88.85 | \$ (34.70) |
| Employee + 2 or more dep. | \$ 2,277.00 | \$ 2,193.00 | \$ 1,866.80 | \$ 2,380.40 | \$ 2,292.10 | \$ 1,962.60 | \$ 2,051.00 | \$ 2,051.00 | \$ 2,051.00 | \$ 329.40 | \$ 241.10 | \$ (88.40) | \$ 164.70 | \$ 120.55 | \$ (44.20) |
| Domestic Partner - City Affidavit | \$ 856.10 | \$ 824.50 | \$ 701.80 | \$ 894.60 | \$ 861.40 | \$ 737.80 | \$ - | \$ - | \$ - | \$ 894.60 | \$ 861.40 | \$ 737.80 | \$ 447.30 | \$ 430.70 | \$ 368.90 |
| <u>Delta Dental PPO</u> | | | | | | | | | | | | | | | |
| Employee Only | \$ 60.82 | | | \$ 60.82 | | | \$ - | | | \$ 60.82 | | | \$ 30.41 | | |
| Employee + 1 dependent | \$ 115.50 | | | \$ 115.50 | | | \$ - | | | \$ 115.50 | | | \$ 57.75 | | |
| Employee + 2 or more dep. | \$ 153.78 | | | \$ 153.78 | | | \$ - | | | \$ 153.78 | | | \$ 76.89 | | |
| Domestic Partner - City Affidavit | \$ 54.68 | | | \$ 54.68 | | | \$ - | | | \$ 54.68 | | | \$ 27.34 | | |
| <u>DeltaCare USA (DMO)</u> | | | | | | | | | | | | | | | |
| Employee Only | \$ 27.86 | | | \$ 27.86 | | | \$ - | | | \$ 27.86 | | | \$ 13.93 | | |
| Employee + 1 dependent | \$ 52.92 | | | \$ 52.92 | | | \$ - | | | \$ 52.92 | | | \$ 26.46 | | |
| Employee + 2 or more dep. | \$ 70.44 | | | \$ 70.44 | | | \$ - | | | \$ 70.44 | | | \$ 35.22 | | |
| Domestic Partner - City Affidavit | \$ 25.06 | | | \$ 25.06 | | | \$ - | | | \$ 25.06 | | | \$ 12.53 | | |
| <u>Plan Choices</u> | | | | | | | | | | | | | | | |
| | Basic | Enhanced | | Basic | Enhanced | | Basic | Enhanced | | Basic | Enhanced | | Basic | Enhanced | |
| <u>VSP-Vision Service Plan</u> | | | | | | | | | | | | | | | |
| Employee Only | \$ 8.44 | \$ 13.02 | | \$ 8.44 | \$ 13.02 | | \$ - | \$ - | | \$ 8.44 | \$ 13.02 | | \$ 4.22 | \$ 6.51 | |
| Employee + 1 dependent | \$ 12.14 | \$ 18.68 | | \$ 12.14 | \$ 18.68 | | \$ - | \$ - | | \$ 12.14 | \$ 18.68 | | \$ 6.07 | \$ 9.34 | |
| Employee + 2 or more dep. | \$ 21.72 | \$ 33.44 | | \$ 21.72 | \$ 33.44 | | \$ - | \$ - | | \$ 21.72 | \$ 33.44 | | \$ 10.86 | \$ 16.72 | |
| Domestic Partner - City Affidavit | \$ 3.70 | \$ 5.66 | | \$ 3.70 | \$ 5.66 | | \$ - | \$ - | | \$ 3.70 | \$ 5.66 | | \$ 1.85 | \$ 2.83 | |
| <u>Waive Medical Coverage</u> | | | | | | | | | | | | | | | |
| Cash-back option (see below) | \$ 200.00 | | | | | | | | | | | | | | |

Notes:

Refer to your labor agreement for cash-back eligibility if waiving City health insurance.
Health premiums are paid on the first two paychecks of the month.
City contribution is based on hours *worked* each pay period and contribution will be adjusted accordingly each pay period.

Benefit Services Division
(916) 808-5665
benefitservices@cityofsacramento.org

**All Rep Units
.50 to .79 FTE**

| Plan Choices | 2024 Monthly Rates | | | 2025 Monthly Rates | | | 2025 Employer Contribution | | | 2025 Employee Cost (Monthly) | | | 2025 Employee Cost (Per Pay Period) | | |
|-----------------------------------|-----------------------|-------------|-------------|-----------------------|-------------|-------------|-------------------------------|-------------|-------------|---------------------------------|-------------|-----------|--|-------------|-----------|
| | \$25 Co-Pay | \$40 Co-Pay | ABHP | \$25 Co-Pay | \$40 Co-Pay | ABHP | \$25 Co-Pay | \$40 Co-Pay | ABHP | \$25 Co-Pay | \$40 Co-Pay | ABHP | \$25 Co-Pay | \$40 Co-Pay | ABHP |
| Kaiser HMO | | | | | | | | | | | | | | | |
| Employee Only | \$ 886.16 | \$ 873.74 | \$ 722.84 | \$ 916.62 | \$ 903.78 | \$ 747.70 | \$ 485.50 | \$ 485.50 | \$ 485.50 | \$ 431.12 | \$ 418.28 | \$ 262.20 | \$ 215.56 | \$ 209.14 | \$ 131.10 |
| Employee + 1 dependent | \$ 1,772.32 | \$ 1,747.48 | \$ 1,445.68 | \$ 1,833.24 | \$ 1,807.56 | \$ 1,495.40 | \$ 772.50 | \$ 772.50 | \$ 772.50 | \$ 1,060.74 | \$ 1,035.06 | \$ 722.90 | \$ 530.37 | \$ 517.53 | \$ 361.45 |
| Employee + 2 or more dep. | \$ 2,357.18 | \$ 2,324.16 | \$ 1,922.76 | \$ 2,438.22 | \$ 2,404.06 | \$ 1,988.88 | \$ 1,025.50 | \$ 1,025.50 | \$ 1,025.50 | \$ 1,412.72 | \$ 1,378.56 | \$ 963.38 | \$ 706.36 | \$ 689.28 | \$ 481.69 |
| Domestic Partner - City Affidavit | \$ 886.16 | \$ 873.74 | \$ 722.84 | \$ 916.62 | \$ 903.78 | \$ 747.70 | \$ - | \$ - | \$ - | \$ 916.62 | \$ 903.78 | \$ 747.70 | \$ 458.31 | \$ 451.89 | \$ 373.85 |
| Western Health Advantage | | | | | | | | | | | | | | | |
| Employee Only | \$ 865.28 | \$ 848.32 | \$ 579.98 | \$ 949.06 | \$ 930.46 | \$ 636.14 | \$ 485.50 | \$ 485.50 | \$ 485.50 | \$ 463.56 | \$ 444.96 | \$ 150.64 | \$ 231.78 | \$ 222.48 | \$ 75.32 |
| Employee + 1 dependent | \$ 1,730.48 | \$ 1,696.60 | \$ 1,159.94 | \$ 1,898.02 | \$ 1,860.86 | \$ 1,272.24 | \$ 772.50 | \$ 772.50 | \$ 772.50 | \$ 1,125.52 | \$ 1,088.36 | \$ 499.74 | \$ 562.76 | \$ 544.18 | \$ 249.87 |
| Employee + 2 or more dep. | \$ 2,301.60 | \$ 2,256.52 | \$ 1,542.74 | \$ 2,524.44 | \$ 2,475.00 | \$ 1,692.12 | \$ 1,025.50 | \$ 1,025.50 | \$ 1,025.50 | \$ 1,498.94 | \$ 1,449.50 | \$ 666.62 | \$ 749.47 | \$ 724.75 | \$ 333.31 |
| Domestic Partner - City Affidavit | \$ 865.20 | \$ 848.28 | \$ 579.96 | \$ 948.96 | \$ 930.40 | \$ 636.10 | \$ - | \$ - | \$ - | \$ 948.96 | \$ 930.40 | \$ 636.10 | \$ 474.48 | \$ 465.20 | \$ 318.05 |
| Sutter Health Plus | | | | | | | | | | | | | | | |
| Employee Only | \$ 856.00 | \$ 824.40 | \$ 701.80 | \$ 894.50 | \$ 861.30 | \$ 737.80 | \$ 485.50 | \$ 485.50 | \$ 485.50 | \$ 409.00 | \$ 375.80 | \$ 252.30 | \$ 204.50 | \$ 187.90 | \$ 126.15 |
| Employee + 1 dependent | \$ 1,712.10 | \$ 1,648.90 | \$ 1,403.60 | \$ 1,789.10 | \$ 1,722.70 | \$ 1,475.60 | \$ 772.50 | \$ 772.50 | \$ 772.50 | \$ 1,016.60 | \$ 950.20 | \$ 703.10 | \$ 508.30 | \$ 475.10 | \$ 351.55 |
| Employee + 2 or more dep. | \$ 2,277.00 | \$ 2,193.00 | \$ 1,866.80 | \$ 2,380.40 | \$ 2,292.10 | \$ 1,962.60 | \$ 1,025.50 | \$ 1,025.50 | \$ 1,025.50 | \$ 1,354.90 | \$ 1,266.60 | \$ 937.10 | \$ 677.45 | \$ 633.30 | \$ 468.55 |
| Domestic Partner - City Affidavit | \$ 856.10 | \$ 824.50 | \$ 701.80 | \$ 894.60 | \$ 861.40 | \$ 737.80 | \$ - | \$ - | \$ - | \$ 894.60 | \$ 861.40 | \$ 737.80 | \$ 447.30 | \$ 430.70 | \$ 368.90 |
| Delta Dental PPO | | | | | | | | | | | | | | | |
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| DeltaCare USA (DMO) | | | | | | | | | | | | | | | |
| Employee Only | \$ 27.86 | | | \$ 27.86 | | | \$ - | | | \$ 27.86 | | | \$ 13.93 | | |
| Employee + 1 dependent | \$ 52.92 | | | \$ 52.92 | | | \$ - | | | \$ 52.92 | | | \$ 26.46 | | |
| Employee + 2 or more dep. | \$ 70.44 | | | \$ 70.44 | | | \$ - | | | \$ 70.44 | | | \$ 35.22 | | |
| Domestic Partner - City Affidavit | \$ 25.06 | | | \$ 25.06 | | | \$ - | | | \$ 25.06 | | | \$ 12.53 | | |
| Plan Choices | | | | | | | | | | | | | | | |
| | Basic | | Enhanced | Basic | | Enhanced | Basic | | Enhanced | Basic | | Enhanced | Basic | | Enhanced |
| VSP-Vision Services Plan | | | | | | | | | | | | | | | |
| Employee Only | \$ 8.44 | \$ 13.02 | | \$ 8.44 | \$ 13.02 | | \$ - | \$ - | | \$ 8.44 | \$ 13.02 | | \$ 4.22 | \$ 6.51 | |
| Employee + 1 dependent | \$ 12.14 | \$ 18.68 | | \$ 12.14 | \$ 18.68 | | \$ - | \$ - | | \$ 12.14 | \$ 18.68 | | \$ 6.07 | \$ 9.34 | |
| Employee + 2 or more dep. | \$ 21.72 | \$ 33.44 | | \$ 21.72 | \$ 33.44 | | \$ - | \$ - | | \$ 21.72 | \$ 33.44 | | \$ 10.86 | \$ 16.72 | |
| Domestic Partner - City Affidavit | \$ 3.70 | \$ 5.66 | | \$ 3.70 | \$ 5.66 | | \$ - | \$ - | | \$ 3.70 | \$ 5.66 | | \$ 1.85 | \$ 2.83 | |
| Waive Medical Coverage | | | | | | | | | | | | | | | |
| Cash-back option (see below) | \$ 200.00 | | | | | | | | | | | | | | |

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