

**2024 ACTIVE EMPLOYEE PREMIUM RATES**

Plan Choices	2023 Monthly Rates			2024 Monthly Rates		
	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
<b><u>Kaiser HMO</u></b>						
Single Employee	\$ 772.08	\$ 761.26	\$ 629.80	\$ 886.16	\$ 873.74	\$ 722.84
Employee + 1 dependent	\$ 1,544.16	\$ 1,522.52	\$ 1,259.58	\$ 1,772.32	\$ 1,747.48	\$ 1,445.68
Employee + 2 or more dep.	\$ 2,053.74	\$ 2,024.96	\$ 1,675.26	\$ 2,357.18	\$ 2,324.16	\$ 1,922.76
Domestic Partner - City Affidavit	\$ 772.08	\$ 761.26	\$ 629.78	\$ 886.16	\$ 873.74	\$ 722.84
<b><u>Western Health Advantage</u></b>						
Single Employee	\$ 795.42	\$ 779.68	\$ 538.50	\$ 865.28	\$ 848.32	\$ 579.98
Employee + 1 dependent	\$ 1,590.78	\$ 1,559.30	\$ 1,076.96	\$ 1,730.48	\$ 1,696.60	\$ 1,159.94
Employee + 2 or more dep.	\$ 2,115.78	\$ 2,073.92	\$ 1,432.38	\$ 2,301.60	\$ 2,256.52	\$ 1,542.74
Domestic Partner - City Affidavit	\$ 795.36	\$ 779.62	\$ 538.46	\$ 865.20	\$ 848.28	\$ 579.96
<b><u>Sutter Health Plus</u></b>						
Single Employee	\$ 813.80	\$ 783.80	\$ 667.20	\$ 856.00	\$ 824.40	\$ 701.80
Employee + 1 dependent	\$ 1,628.00	\$ 1,568.00	\$ 1,334.40	\$ 1,712.10	\$ 1,648.90	\$ 1,403.60
Employee + 2 or more dep.	\$ 2,167.90	\$ 2,088.20	\$ 1,774.80	\$ 2,277.00	\$ 2,193.00	\$ 1,866.80
Domestic Partner - City Affidavit	\$ 814.20	\$ 784.20	\$ 667.20	\$ 856.10	\$ 824.50	\$ 701.80
<b><u>Delta Dental PPO</u></b>						
Single Employee	\$ 62.06			\$ 60.82		
Employee + 1 dependent	\$ 117.86			\$ 115.50		
Employee + 2 or more dep.	\$ 156.92			\$ 153.78		
Domestic Partner - City Affidavit	\$ 55.80			\$ 54.68		
<b><u>DeltaCare USA (DMO)</u></b>						
Single Employee	\$ 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		
Plan Choices	Basic	Enhanced		Basic	Enhanced	
<b><u>VSP-Vision Services Plan</u></b>						
Single Employee	\$ 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						