

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

Plan Choices	2023 Monthly Rates			2024 Monthly Rates			2024 Employer Contribution			2024 Employee Cost			2024 Biweekly Employee Cost		
	\$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>															
Single Employee	\$ 772.08	\$ 761.26	\$ 629.80	\$ 886.16	\$ 873.74	\$ 722.84	\$ 955.00	\$ 955.00	\$ 955.00	\$ (68.84)	\$ (81.26)	\$ (232.16)	\$ (34.42)	\$ (40.63)	\$ (116.08)
Employee + 1 dependent	\$ 1,544.16	\$ 1,522.52	\$ 1,259.58	\$ 1,772.32	\$ 1,747.48	\$ 1,445.68	\$ 1,520.00	\$ 1,520.00	\$ 1,520.00	\$ 252.32	\$ 227.48	\$ (74.32)	\$ 126.16	\$ 113.74	\$ (37.16)
Employee + 2 or more dep.	\$ 2,053.74	\$ 2,024.96	\$ 1,675.26	\$ 2,357.18	\$ 2,324.16	\$ 1,922.76	\$ 2,026.00	\$ 2,026.00	\$ 2,026.00	\$ 331.18	\$ 298.16	\$ (103.24)	\$ 165.59	\$ 149.08	\$ (51.62)
Domestic Partner - City Affidavit	\$ 772.08	\$ 761.26	\$ 629.78	\$ 886.16	\$ 873.74	\$ 722.84	\$ -	\$ -	\$ -	\$ 886.16	\$ 873.74	\$ 722.84	\$ 443.08	\$ 436.87	\$ 361.42
<u>Western Health Advantage</u>															
Single Employee	\$ 795.42	\$ 779.68	\$ 538.50	\$ 865.28	\$ 848.32	\$ 579.98	\$ 955.00	\$ 955.00	\$ 955.00	\$ (89.72)	\$ (106.68)	\$ (375.02)	\$ (44.86)	\$ (53.34)	\$ (187.51)
Employee + 1 dependent	\$ 1,590.78	\$ 1,559.30	\$ 1,076.96	\$ 1,730.48	\$ 1,696.60	\$ 1,159.94	\$ 1,520.00	\$ 1,520.00	\$ 1,520.00	\$ 210.48	\$ 176.60	\$ (360.06)	\$ 105.24	\$ 88.30	\$ (180.03)
Employee + 2 or more dep.	\$ 2,115.78	\$ 2,073.92	\$ 1,432.38	\$ 2,301.60	\$ 2,256.52	\$ 1,542.74	\$ 2,026.00	\$ 2,026.00	\$ 2,026.00	\$ 275.60	\$ 230.52	\$ (483.26)	\$ 137.80	\$ 115.26	\$ (241.63)
Domestic Partner - City Affidavit	\$ 795.36	\$ 779.62	\$ 538.46	\$ 865.20	\$ 848.28	\$ 579.96	\$ -	\$ -	\$ -	\$ 865.20	\$ 848.28	\$ 579.96	\$ 432.60	\$ 424.14	\$ 289.98
<u>Sutter Health Plus</u>															
Single Employee	\$ 813.80	\$ 783.80	\$ 667.20	\$ 856.00	\$ 824.40	\$ 701.80	\$ 955.00	\$ 955.00	\$ 955.00	\$ (99.00)	\$ (130.60)	\$ (253.20)	\$ (49.50)	\$ (65.30)	\$ (126.60)
Employee + 1 dependent	\$ 1,628.00	\$ 1,568.00	\$ 1,334.40	\$ 1,712.10	\$ 1,648.90	\$ 1,403.60	\$ 1,520.00	\$ 1,520.00	\$ 1,520.00	\$ 192.10	\$ 128.90	\$ (116.40)	\$ 96.05	\$ 64.45	\$ (58.20)
Employee + 2 or more dep.	\$ 2,167.90	\$ 2,088.20	\$ 1,774.80	\$ 2,277.00	\$ 2,193.00	\$ 1,866.80	\$ 2,026.00	\$ 2,026.00	\$ 2,026.00	\$ 251.00	\$ 167.00	\$ (159.20)	\$ 125.50	\$ 83.50	\$ (79.60)
Domestic Partner - City Affidavit	\$ 814.20	\$ 784.20	\$ 667.20	\$ 856.10	\$ 824.50	\$ 701.80	\$ -	\$ -	\$ -	\$ 856.10	\$ 824.50	\$ 701.80	\$ 428.05	\$ 412.25	\$ 350.90
<u>Delta Dental PPO</u>															
Single Employee	\$ 62.06			\$ 60.82			\$ -			\$ 60.82			\$ 30.41		
Employee + 1 dependent	\$ 117.86			\$ 115.50			\$ -			\$ 115.50			\$ 57.75		
Employee + 2 or more dep.	\$ 156.92			\$ 153.78			\$ -			\$ 153.78			\$ 76.89		
Domestic Partner - City Affidavit	\$ 55.80			\$ 54.68			\$ -			\$ 54.68			\$ 27.34		
<u>DeltaCare USA (DMO)</u>															
Single Employee	\$ 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 Services Plan</u>															
Single Employee	\$ 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.

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

Plan Choices	2023 Monthly Rates			2024 Monthly Rates			2024 Employer Contribution			2024 Employee Cost			2024 Biweekly Employee Cost		
	\$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>															
Single Employee	\$ 772.08	\$ 761.26	\$ 629.80	\$ 886.16	\$ 873.74	\$ 722.84	\$ 477.50	\$ 477.50	\$ 477.50	\$ 408.66	\$ 396.24	\$ 245.34	\$ 204.33	\$ 198.12	\$ 122.67
Employee + 1 dependent	\$ 1,544.16	\$ 1,522.52	\$ 1,259.58	\$ 1,772.32	\$ 1,747.48	\$ 1,445.68	\$ 760.00	\$ 760.00	\$ 760.00	\$ 1,012.32	\$ 987.48	\$ 685.68	\$ 506.16	\$ 493.74	\$ 342.84
Employee + 2 or more dep.	\$ 2,053.74	\$ 2,024.96	\$ 1,675.26	\$ 2,357.18	\$ 2,324.16	\$ 1,922.76	\$ 1,013.00	\$ 1,013.00	\$ 1,013.00	\$ 1,344.18	\$ 1,311.16	\$ 909.76	\$ 672.09	\$ 655.58	\$ 454.88
Domestic Partner - City Affidavit	\$ 772.08	\$ 761.26	\$ 629.78	\$ 886.16	\$ 873.74	\$ 722.84	\$ -	\$ -	\$ -	\$ 886.16	\$ 873.74	\$ 722.84	\$ 443.08	\$ 436.87	\$ 361.42
<u>Western Health Advantage</u>															
Single Employee	\$ 795.42	\$ 779.68	\$ 538.50	\$ 865.28	\$ 848.32	\$ 579.98	\$ 477.50	\$ 477.50	\$ 477.50	\$ 387.78	\$ 370.82	\$ 102.48	\$ 193.89	\$ 185.41	\$ 51.24
Employee + 1 dependent	\$ 1,590.78	\$ 1,559.30	\$ 1,076.96	\$ 1,730.48	\$ 1,696.60	\$ 1,159.94	\$ 760.00	\$ 760.00	\$ 760.00	\$ 970.48	\$ 936.60	\$ 399.94	\$ 485.24	\$ 468.30	\$ 199.97
Employee + 2 or more dep.	\$ 2,115.78	\$ 2,073.92	\$ 1,432.38	\$ 2,301.60	\$ 2,256.52	\$ 1,542.74	\$ 1,013.00	\$ 1,013.00	\$ 1,013.00	\$ 1,288.60	\$ 1,243.52	\$ 529.74	\$ 644.30	\$ 621.76	\$ 264.87
Domestic Partner - City Affidavit	\$ 795.36	\$ 779.62	\$ 538.46	\$ 865.20	\$ 848.28	\$ 579.96	\$ -	\$ -	\$ -	\$ 865.20	\$ 848.28	\$ 579.96	\$ 432.60	\$ 424.14	\$ 289.98
<u>Sutter Health Plus</u>															
Single Employee	\$ 813.80	\$ 783.80	\$ 667.20	\$ 856.00	\$ 824.40	\$ 701.80	\$ 477.50	\$ 477.50	\$ 477.50	\$ 378.50	\$ 346.90	\$ 224.30	\$ 189.25	\$ 173.45	\$ 112.15
Employee + 1 dependent	\$ 1,628.00	\$ 1,568.00	\$ 1,334.40	\$ 1,712.10	\$ 1,648.90	\$ 1,403.60	\$ 760.00	\$ 760.00	\$ 760.00	\$ 952.10	\$ 888.90	\$ 643.60	\$ 476.05	\$ 444.45	\$ 321.80
Employee + 2 or more dep.	\$ 2,167.90	\$ 2,088.20	\$ 1,774.80	\$ 2,277.00	\$ 2,193.00	\$ 1,866.80	\$ 1,013.00	\$ 1,013.00	\$ 1,013.00	\$ 1,264.00	\$ 1,180.00	\$ 853.80	\$ 632.00	\$ 590.00	\$ 426.90
Domestic Partner - City Affidavit	\$ 814.20	\$ 784.20	\$ 667.20	\$ 856.10	\$ 824.50	\$ 701.80	\$ -	\$ -	\$ -	\$ 856.10	\$ 824.50	\$ 701.80	\$ 428.05	\$ 412.25	\$ 350.90
<u>Delta Dental PPO</u>															
Single Employee	\$ 62.06			\$ 60.82			\$ -			\$ 60.82			\$ 30.41		
Employee + 1 dependent	\$ 117.86			\$ 115.50			\$ -			\$ 115.50			\$ 57.75		
Employee + 2 or more dep.	\$ 156.92			\$ 153.78			\$ -			\$ 153.78			\$ 76.89		
Domestic Partner - City Affidavit	\$ 55.80			\$ 54.68			\$ -			\$ 54.68			\$ 27.34		
<u>DeltaCare USA (DMO)</u>															
Single Employee	\$ 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 Services Plan</u>															
Single Employee	\$ 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														

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