City of SACRAMENTO
Department of Human Resources

2026 ACTIVE EMPLOYEE PREMIUM RATES

	2025 Monthly Rates			2026 Monthly Rates		
Plan Choices	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**
Kaiser HMO						
Employee Only	$ 916.62	$ 903.78	$ 747.70	**$ 984.24**	**$ 970.46**	**$ 802.90**
Employee + 1 dependent	$ 1,833.24	$ 1,807.56	$ 1,495.40	**$ 1,968.48**	**$ 1,940.92**	**$ 1,605.80**
Employee + 2 or more dep.	$ 2,438.22	$ 2,404.06	$ 1,988.88	**$ 2,618.08**	**$ 2,581.44**	**$ 2,135.72**
Domestic Partner - City Affidavit	$ 916.62	$ 903.78	$ 747.70	**$ 984.24**	**$ 970.46**	**$ 802.90**
Western Health Advantage						
Employee Only	$ 949.06	$ 930.46	$ 636.14	**$ 1,006.62**	**$ 987.36**	**$ 675.42**
Employee + 1 dependent	$ 1,898.02	$ 1,860.86	$ 1,272.24	**$ 2,013.12**	**$ 1,974.62**	**$ 1,350.78**
Employee + 2 or more dep.	$ 2,524.44	$ 2,475.00	$ 1,692.12	**$ 2,677.54**	**$ 2,626.34**	**$ 1,796.60**
Domestic Partner - City Affidavit	$ 948.96	$ 930.40	$ 636.10	**$ 1,006.50**	**$ 987.26**	**$ 675.36**
Sutter Health Plus						
Employee Only	$ 894.50	$ 861.30	$ 737.80	**$ 1,019.50**	**$ 981.50**	**$ 845.00**
Employee + 1 dependent	$ 1,789.10	$ 1,722.70	$ 1,475.60	**$ 2,039.20**	**$ 1,963.20**	**$ 1,690.00**
Employee + 2 or more dep.	$ 2,380.40	$ 2,292.10	$ 1,962.60	**$ 2,713.00**	**$ 2,611.90**	**$ 2,247.80**
Domestic Partner - City Affidavit	$ 894.60	$ 861.40	$ 737.80	**$ 1,019.70**	**$ 981.70**	**$ 845.00**
Delta Dental PPO						
Employee Only	$ 60.82			**$ 58.62**		
Employee + 1 dependent	$ 115.50			**$ 111.34**		
Employee + 2 or more dep.	$ 153.78			**$ 148.24**		
Domestic Partner - City Affidavit	$ 54.68			**$ 52.72**		
DeltaCare USA (DMO)						
Employee Only	$ 27.86			**$ 28.56**		
Employee + 1 dependent	$ 52.92			**$ 54.24**		
Employee + 2 or more dep.	$ 70.44			**$ 72.20**		
Domestic Partner - City Affidavit	$ 25.06			**$ 25.68**		
Plan Choices	**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Service Plan						
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**	

Health premiums are paid on the first two paychecks of the month.

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

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