City of SACRAMENTO
Department of Human Resources

All Rep Units
.80 to 1.0 FTE

	2025 Monthly Rates			2026 Monthly Rates			2026 Employer Contribution			2026 Employee Cost (Monthly)			2026 Employee Cost (Per Pay Period)		
Plan Choices	**$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	$ 916.62	$ 903.78	$ 747.70	$ 984.24	$ 970.46	$ 802.90	$ 971.00	$ 971.00	$ 971.00	**$ 13.24**	**$ (0.54)**	**$ (168.10)**	**$ 6.62**	**$ (0.27)**	**$ (84.05)**
Employee + 1 dependent	$ 1,833.24	$ 1,807.56	$ 1,495.40	$ 1,968.48	$ 1,940.92	$ 1,605.80	$ 1,545.00	$ 1,545.00	$ 1,545.00	**$ 423.48**	**$ 395.92**	**$ 60.80**	**$ 211.74**	**$ 197.96**	**$ 30.40**
Employee + 2 or more dep.	$ 2,438.22	$ 2,404.06	$ 1,988.88	$ 2,618.08	$ 2,581.44	$ 2,135.72	$ 2,051.00	$ 2,051.00	$ 2,051.00	**$ 567.08**	**$ 530.44**	**$ 84.72**	**$ 283.54**	**$ 265.22**	**$ 42.36**
Domestic Partner - City Affidavit	$ 916.62	$ 903.78	$ 747.70	$ 984.24	$ 970.46	$ 802.90	$ -	$ -	$ -	**$ 984.24**	**$ 970.46**	**$ 802.90**	**$ 492.12**	**$ 485.23**	**$ 401.45**
Western Health Advantage															
Employee Only	$ 949.06	$ 930.46	$ 636.14	$ 1,006.62	$ 987.36	$ 675.42	$ 971.00	$ 971.00	$ 971.00	**$ 35.62**	**$ 16.36**	**$ (295.58)**	**$ 17.81**	**$ 8.18**	**$ (147.79)**
Employee + 1 dependent	$ 1,898.02	$ 1,860.86	$ 1,272.24	$ 2,013.12	$ 1,974.62	$ 1,350.78	$ 1,545.00	$ 1,545.00	$ 1,545.00	**$ 468.12**	**$ 429.62**	**$ (194.22)**	**$ 234.06**	**$ 214.81**	**$ (97.11)**
Employee + 2 or more dep.	$ 2,524.44	$ 2,475.00	$ 1,692.12	$ 2,677.54	$ 2,626.34	$ 1,796.60	$ 2,051.00	$ 2,051.00	$ 2,051.00	**$ 626.54**	**$ 575.34**	**$ (254.40)**	**$ 313.27**	**$ 287.67**	**$ (127.20)**
Domestic Partner - City Affidavit	$ 948.96	$ 930.40	$ 636.10	$ 1,006.50	$ 987.26	$ 675.36	$ -	$ -	$ -	**$ 1,006.50**	**$ 987.26**	**$ 675.36**	**$ 503.25**	**$ 493.63**	**$ 337.68**
Sutter Health Plus															
Employee Only	$ 894.50	$ 861.30	$ 737.80	$ 1,019.50	$ 981.50	$ 845.00	$ 971.00	$ 971.00	$ 971.00	**$ 48.50**	**$ 10.50**	**$ (126.00)**	**$ 24.25**	**$ 5.25**	**$ (63.00)**
Employee + 1 dependent	$ 1,789.10	$ 1,722.70	$ 1,475.60	$ 2,039.20	$ 1,963.20	$ 1,690.00	$ 1,545.00	$ 1,545.00	$ 1,545.00	**$ 494.20**	**$ 418.20**	**$ 145.00**	**$ 247.10**	**$ 209.10**	**$ 72.50**
Employee + 2 or more dep.	$ 2,380.40	$ 2,292.10	$ 1,962.60	$ 2,713.00	$ 2,611.90	$ 2,247.80	$ 2,051.00	$ 2,051.00	$ 2,051.00	**$ 662.00**	**$ 560.90**	**$ 196.80**	**$ 331.00**	**$ 280.45**	**$ 98.40**
Domestic Partner - City Affidavit	$ 894.60	$ 861.40	$ 737.80	$ 1,019.70	$ 981.70	$ 845.00	$ -	$ -	$ -	**$ 1,019.70**	**$ 981.70**	**$ 845.00**	**$ 509.85**	**$ 490.85**	**$ 422.50**
Delta Dental PPO															
Employee Only	$ 60.82			$ 58.62			$ -			**$ 58.62**			**$ 29.31**		
Employee + 1 dependent	$ 115.50			$ 111.34			$ -			**$ 111.34**			**$ 55.67**		
Employee + 2 or more dep.	$ 153.78			$ 148.24			$ -			**$ 148.24**			**$ 74.12**		
Domestic Partner - City Affidavit	$ 54.68			$ 52.72			$ -			**$ 52.72**			**$ 26.36**		
DeltaCare USA (DMO)															
Employee Only	$ 27.86			$ 28.56			$ -			**$ 28.56**			**$ 14.28**		
Employee + 1 dependent	$ 52.92			$ 54.24			$ -			**$ 54.24**			**$ 27.12**		
Employee + 2 or more dep.	$ 70.44			$ 72.20			$ -			**$ 72.20**			**$ 36.10**		
Domestic Partner - City Affidavit	$ 25.06			$ 25.68			$ -			**$ 25.68**			**$ 12.84**		
Plan Choices	**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Service 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														

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

City of SACRAMENTO
Department of Human Resources

All Rep Units
.50 to .79 FTE

	2025 Monthly Rates			2026 Monthly Rates			2026 Employer Contribution			2026 Employee Cost (Monthly)			2026 Employee Cost (Per Pay Period)		
Plan Choices	**$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	$ 916.62	$ 903.78	$ 747.70	$ 984.24	$ 970.46	$ 802.90	$ 485.50	$ 485.50	$ 485.50	**$ 498.74**	**$ 484.96**	**$ 317.40**	**$ 249.37**	**$ 242.48**	**$ 158.70**
Employee + 1 dependent	$ 1,833.24	$ 1,807.56	$ 1,495.40	$ 1,968.48	$ 1,940.92	$ 1,605.80	$ 772.50	$ 772.50	$ 772.50	**$ 1,195.98**	**$ 1,168.42**	**$ 833.30**	**$ 597.99**	**$ 584.21**	**$ 416.65**
Employee + 2 or more dep.	$ 2,438.22	$ 2,404.06	$ 1,988.88	$ 2,618.08	$ 2,581.44	$ 2,135.72	$ 1,025.50	$ 1,025.50	$ 1,025.50	**$ 1,592.58**	**$ 1,555.94**	**$ 1,110.22**	**$ 796.29**	**$ 777.97**	**$ 555.11**
Domestic Partner - City Affidavit	$ 916.62	$ 903.78	$ 747.70	$ 984.24	$ 970.46	$ 802.90	$ -	$ -	$ -	**$ 984.24**	**$ 970.46**	**$ 802.90**	**$ 492.12**	**$ 485.23**	**$ 401.45**
Western Health Advantage															
Employee Only	$ 949.06	$ 930.46	$ 636.14	$ 1,006.62	$ 987.36	$ 675.42	$ 485.50	$ 485.50	$ 485.50	**$ 521.12**	**$ 501.86**	**$ 189.92**	**$ 260.56**	**$ 250.93**	**$ 94.96**
Employee + 1 dependent	$ 1,898.02	$ 1,860.86	$ 1,272.24	$ 2,013.12	$ 1,974.62	$ 1,350.78	$ 772.50	$ 772.50	$ 772.50	**$ 1,240.62**	**$ 1,202.12**	**$ 578.28**	**$ 620.31**	**$ 601.06**	**$ 289.14**
Employee + 2 or more dep.	$ 2,524.44	$ 2,475.00	$ 1,692.12	$ 2,677.54	$ 2,626.34	$ 1,796.60	$ 1,025.50	$ 1,025.50	$ 1,025.50	**$ 1,652.04**	**$ 1,600.84**	**$ 771.10**	**$ 826.02**	**$ 800.42**	**$ 385.55**
Domestic Partner - City Affidavit	$ 948.96	$ 930.40	$ 636.10	$ 1,006.50	$ 987.26	$ 675.36	$ -	$ -	$ -	**$ 1,006.50**	**$ 987.26**	**$ 675.36**	**$ 503.25**	**$ 493.63**	**$ 337.68**
Sutter Health Plus															
Employee Only	$ 894.50	$ 861.30	$ 737.80	$ 1,019.50	$ 981.50	$ 845.00	$ 485.50	$ 485.50	$ 485.50	**$ 534.00**	**$ 496.00**	**$ 359.50**	**$ 267.00**	**$ 248.00**	**$ 179.75**
Employee + 1 dependent	$ 1,789.10	$ 1,722.70	$ 1,475.60	$ 2,039.20	$ 1,963.20	$ 1,690.00	$ 772.50	$ 772.50	$ 772.50	**$ 1,266.70**	**$ 1,190.70**	**$ 917.50**	**$ 633.35**	**$ 595.35**	**$ 458.75**
Employee + 2 or more dep.	$ 2,380.40	$ 2,292.10	$ 1,962.60	$ 2,713.00	$ 2,611.90	$ 2,247.80	$ 1,025.50	$ 1,025.50	$ 1,025.50	**$ 1,687.50**	**$ 1,586.40**	**$ 1,222.30**	**$ 843.75**	**$ 793.20**	**$ 611.15**
Domestic Partner - City Affidavit	$ 894.60	$ 861.40	$ 737.80	$ 1,019.70	$ 981.70	$ 845.00	$ -	$ -	$ -	**$ 1,019.70**	**$ 981.70**	**$ 845.00**	**$ 509.85**	**$ 490.85**	**$ 422.50**
Delta Dental PPO															
Employee Only	$ 60.82			$ 58.62			$ -			**$ 58.62**			**$ 29.31**		
Employee + 1 dependent	$ 115.50			$ 111.34			$ -			**$ 111.34**			**$ 55.67**		
Employee + 2 or more dep.	$ 153.78			$ 148.24			$ -			**$ 148.24**			**$ 74.12**		
Domestic Partner - City Affidavit	$ 54.68			$ 52.72			$ -			**$ 52.72**			**$ 26.36**		
DeltaCare USA (DMO)															
Employee Only	$ 27.86			$ 28.56			$ -			**$ 28.56**			**$ 14.28**		
Employee + 1 dependent	$ 52.92			$ 54.24			$ -			**$ 54.24**			**$ 27.12**		
Employee + 2 or more dep.	$ 70.44			$ 72.20			$ -			**$ 72.20**			**$ 36.10**		
Domestic Partner - City Affidavit	$ 25.06			$ 25.68			$ -			**$ 25.68**			**$ 12.84**		
Plan Choices	**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Service 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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