City of SACRAMENTO
Department of Human Resources

IAMAW - International Association of Machinists and Aerospace Workers - Rep Unit 12
.80 to 1.0 FTE

	2025 Monthly Rates			2026 Monthly Rates			2026 Employer Contribution			2026 Employee Cost			2026 Biweekly Employee Cost		
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															
Single Employee	$ 916.62	$ 903.78	$ 747.70	$ 984.24	$ 970.46	802.90	$ 1,051.00	$ 1,051.00	$ 1,051.00	$ (66.76)	$ (80.54)	$ (248.10)	$ (33.38)	$ (40.27)	$ (124.05)
Employee + 1 dependent	$ 1,833.24	$ 1,807.56	$ 1,495.40	$ 1,968.48	$ 1,940.92	1,605.80	$ 1,674.00	$ 1,674.00	$ 1,674.00	$ 294.48	$ 266.92	$ (68.20)	$ 147.24	$ 133.46	$ (34.10)
Employee + 2 or more dep.	$ 2,438.22	$ 2,404.06	$ 1,988.88	$ 2,618.08	$ 2,581.44	2,135.72	$ 2,230.00	$ 2,230.00	$ 2,230.00	$ 388.08	$ 351.44	$ (94.28)	$ 194.04	$ 175.72	$ (47.14)
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															
Single Employee	$ 949.06	$ 930.46	$ 636.14	$ 1,006.62	$ 987.36	$ 675.42	$ 1,051.00	$ 1,051.00	$ 1,051.00	$ (44.38)	$ (63.64)	$ (375.58)	$ (22.19)	$ (31.82)	$ (187.79)
Employee + 1 dependent	$ 1,898.02	$ 1,860.86	$ 1,272.24	$ 2,013.12	$ 1,974.62	$ 1,350.78	$ 1,674.00	$ 1,674.00	$ 1,674.00	$ 339.12	$ 300.62	$ (323.22)	$ 169.56	$ 150.31	$ (161.61)
Employee + 2 or more dep.	$ 2,524.44	$ 2,475.00	$ 1,692.12	$ 2,677.54	$ 2,626.34	$ 1,796.60	$ 2,230.00	$ 2,230.00	$ 2,230.00	$ 447.54	$ 396.34	$ (433.40)	$ 223.77	$ 198.17	$ (216.70)
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															
Single Employee	$ 894.50	$ 861.30	$ 737.80	$ 1,019.50	$ 981.50	$ 845.00	$ 1,051.00	$ 1,051.00	$ 1,051.00	$ (31.50)	$ (69.50)	$ (206.00)	$ (15.75)	$ (34.75)	$ (103.00)
Employee + 1 dependent	$ 1,789.10	$ 1,722.70	$ 1,475.60	$ 2,039.20	$ 1,963.20	$ 1,690.00	$ 1,674.00	$ 1,674.00	$ 1,674.00	$ 365.20	$ 289.20	$ 16.00	$ 182.60	$ 144.60	$ 8.00
Employee + 2 or more dep.	$ 2,380.40	$ 2,292.10	$ 1,962.60	$ 2,713.00	$ 2,611.90	$ 2,247.80	$ 2,230.00	$ 2,230.00	$ 2,230.00	$ 483.00	$ 381.90	$ 17.80	$ 241.50	$ 190.95	$ 8.90
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															
Single Employee	$ 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)															
Single Employee	$ 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 Services Plan															
Single Employee	$ 8.44	$ 10.78		$ 8.44	$ 13.02		$ -	$ -		$ 8.44	$ 13.02		$ 4.22	6.51	
Employee + 1 dependent	$ 12.14	$ 15.44		$ 12.14	$ 18.68		$ -	$ -		$ 12.14	$ 18.68		$ 6.07	9.34	
Employee + 2 or more dep.	$ 21.72	$ 27.64		$ 21.72	$ 33.44		$ -	$ -		$ 21.72	$ 33.44		$ 10.86	16.72	
Domestic Partner - City Affidavit	$ 3.70	$ 4.66		$ 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 *of City pay received each pay* period and contribution will be adjusted accordingly each pay period.

Benefit Services Division
(916) 808-5665
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Revised 1/13/2026

City of SACRAMENTO
Department of Human Resources

IAMAW - International Association of Machinists and Aerospace Workers - Rep Unit 12
.50 to .79 FTE

	2025 Monthly Rates			2026 Monthly Rates			2026 Employer Contribution			2026 Employee Cost			2026 Biweekly Employee Cost		
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															
Single Employee	$ 916.62	$ 903.78	$ 747.70	$ 984.24	$ 970.46	802.90	$ 525.50	$ 525.50	$ 525.50	**$ 458.74**	**$ 444.96**	**$ 277.40**	**$ 229.37**	**$ 222.48**	**$ 138.70**
Employee + 1 dependent	$ 1,833.24	$ 1,807.56	$ 1,495.40	$ 1,968.48	$ 1,940.92	1,605.80	$ 837.00	$ 837.00	$ 837.00	**$ 1,131.48**	**$ 1,103.92**	**$ 768.80**	**$ 565.74**	**$ 551.96**	**$ 384.40**
Employee + 2 or more dep.	$ 2,438.22	$ 2,404.06	$ 1,988.88	$ 2,618.08	$ 2,581.44	2,135.72	$ 1,115.00	$ 1,115.00	$ 1,115.00	**$ 1,503.08**	**$ 1,466.44**	**$ 1,020.72**	**$ 751.54**	**$ 733.22**	**$ 510.36**
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															
Single Employee	$ 949.06	$ 930.46	$ 636.14	$ 1,006.62	$ 987.36	$ 675.42	$ 525.50	$ 525.50	$ 525.50	**$ 481.12**	**$ 461.86**	**$ 149.92**	**$ 240.56**	**$ 230.93**	**$ 74.96**
Employee + 1 dependent	$ 1,898.02	$ 1,860.86	$ 1,272.24	$ 2,013.12	$ 1,974.62	$ 1,350.78	$ 837.00	$ 837.00	$ 837.00	**$ 1,176.12**	**$ 1,137.62**	**$ 513.78**	**$ 588.06**	**$ 568.81**	**$ 256.89**
Employee + 2 or more dep.	$ 2,524.44	$ 2,475.00	$ 1,692.12	$ 2,677.54	$ 2,626.34	$ 1,796.60	$ 1,115.00	$ 1,115.00	$ 1,115.00	**$ 1,562.54**	**$ 1,511.34**	**$ 681.60**	**$ 781.27**	**$ 755.67**	**$ 340.80**
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															
Single Employee	$ 894.50	$ 861.30	$ 737.80	$ 1,019.50	$ 981.50	$ 845.00	$ 525.50	$ 525.50	$ 525.50	**$ 494.00**	**$ 456.00**	**$ 319.50**	**$ 247.00**	**$ 228.00**	**$ 159.75**
Employee + 1 dependent	$ 1,789.10	$ 1,722.70	$ 1,475.60	$ 2,039.20	$ 1,963.20	$ 1,690.00	$ 837.00	$ 837.00	$ 837.00	**$ 1,202.20**	**$ 1,126.20**	**$ 853.00**	**$ 601.10**	**$ 563.10**	**$ 426.50**
Employee + 2 or more dep.	$ 2,380.40	$ 2,292.10	$ 1,962.60	$ 2,713.00	$ 2,611.90	$ 2,247.80	$ 1,115.00	$ 1,115.00	$ 1,115.00	**$ 1,598.00**	**$ 1,496.90**	**$ 1,132.80**	**$ 799.00**	**$ 748.45**	**$ 566.40**
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															
Single Employee	$ 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)															
Single Employee	$ 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 Services Plan															
Single Employee	$ 8.44	$ 10.78		$ 8.44	$ 13.02		**$ -**	**$ -**		**$ 8.44**	**$ 13.02**		**$ 4.22**	6.51	
Employee + 1 dependent	$ 12.14	$ 15.44		$ 12.14	$ 18.68		**$ -**	**$ -**		**$ 12.14**	**$ 18.68**		**$ 6.07**	9.34	
Employee + 2 or more dep.	$ 21.72	$ 27.64		$ 21.72	$ 33.44		**$ -**	**$ -**		**$ 21.72**	**$ 33.44**		**$ 10.86**	16.72	
Domestic Partner - City Affidavit	$ 3.70	$ 4.66		$ 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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