

**Rep Units 03, 04, 12, 15, 16, 17 and 23  
L39, IMAAW, Mayor/Council  
.80 to 1.0 FTE**

Plan Choices	2025 Monthly Rates			2026 Monthly Rates			2026 Employer Contribution			2026 Employee Cost (Monthly)			2026 Employee Cost (Per Pay Period)		
	\$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
<b>Kaiser HMO</b>															
Employee Only	\$ 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
<b>Western Health Advantage</b>															
Employee Only	\$ 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
<b>Sutter Health Plus</b>															
Employee Only	\$ 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
<b>Delta Dental PPO</b>															
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		
<b>DeltaCare USA (DMO)</b>															
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		
<b>Plan Choices</b>															
	<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>	
<b>VSP-Vision Service Plan</b>															
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	
<b>Waive Medical Coverage</b>															
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](mailto:benefitservices@cityofsacramento.org)

**Rep Units 03, 04, 12, 15, 16, 17 and 23  
L39, IMAW, Mayor/Council  
.50 to .79 FTE**

Plan Choices	2025 Monthly Rates			2026 Monthly Rates			2026 Employer Contribution			2026 Employee Cost (Monthly)			2026 Employee Cost (Per Pay Period)		
	\$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
<b>Kaiser HMO</b>															
Employee Only	\$ 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
<b>Western Health Advantage</b>															
Employee Only	\$ 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
<b>Sutter Health Plus</b>															
Employee Only	\$ 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
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Employee Only	\$ 27.86			\$ 28.56			\$ -			\$ 28.56			\$ 14.28		
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<b>Plan Choices</b>															
	<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>	
<b>VSP-Vision Service Plan</b>															
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	
<b>Waive Medical Coverage</b>															
Cash-back option (see below)	\$ 200.00														

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