

**Rep Units 01, 03, 04, 06, 07, 08, 10, 12, 14, 15, 16, 17 and 23  
BLT, 1176, 447, L39, IAMAW, SCXEA, 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 01, 03, 04, 06, 07, 08, 10, 12, 14, 15, 16, 17 and 23  
BLT, 1176, 447, L39, IAMAW, SCXEA, 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
<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)