

**Rep Unit 12 (IAMAW) & 23 (Mayor/Council)
.80 to 1.0 FTE**

Plan Choices	2025 Monthly Rates			2026 Monthly Rates			2026 Employer Contribution			2026 Employee Cost			2026 Biweekly Employee Cost		
	\$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

benefitservices@cityofsacramento.org

**Rep Unit 12 (IAMAW) & 23 (Mayor/Council)
.50 to .79 FTE**

Plan Choices	2025 Monthly Rates			2026 Monthly Rates			2026 Employer Contribution			2026 Employee Cost			2026 Biweekly Employee Cost		
	\$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														

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

benefitservices@cityofsacramento.org