City of SACRAMENTO
Department of Human Resources

2027 ACTIVE EMPLOYEE PREMIUM RATES

Plan Choices	2026 Monthly Rates $25 Co-Pay	2026 Monthly Rates $40 Co-Pay	2026 Monthly Rates ABHP	2027 Monthly Rates $25 Co-Pay	2027 Monthly Rates $40 Co-Pay	2027 Monthly Rates ABHP
Kaiser HMO						
Employee Only	$ 984.24	$ 970.46	$ 802.90	**$ 1,058.92**	**$ 1,044.10**	**$ 863.72**
Employee + 1 dependent	$ 1,968.48	$ 1,940.92	$ 1,605.80	**$ 2,117.84**	**$ 2,088.20**	**$ 1,727.44**
Employee + 2 or more dep.	$ 2,618.08	$ 2,581.44	$ 2,135.72	**$ 2,816.74**	**$ 2,777.30**	**$ 2,297.48**
Domestic Partner - City Affidavit	$ 984.24	$ 970.46	$ 802.90	**$ 1,058.92**	**$ 1,044.10**	**$ 863.72**
Western Health Advantage						
Employee Only	$ 1,006.62	$ 987.36	$ 675.42	**$ 1,077.06**	**$ 1,056.46**	**$ 722.70**
Employee + 1 dependent	$ 2,013.12	$ 1,974.62	$ 1,350.78	**$ 2,154.00**	**$ 2,112.78**	**$ 1,445.30**
Employee + 2 or more dep.	$ 2,677.54	$ 2,626.34	$ 1,796.60	**$ 2,864.92**	**$ 2,810.10**	**$ 1,922.32**
Domestic Partner - City Affidavit	$ 1,006.50	$ 987.26	$ 675.36	**$ 1,076.94**	**$ 1,056.32**	**$ 722.60**
Sutter Health Plan						
Employee Only	$ 1,019.50	$ 981.50	$ 845.00	**$ 1,160.70**	**$ 1,062.40**	**$ 874.20**
Employee + 1 dependent	$ 2,039.20	$ 1,963.20	$ 1,690.00	**$ 2,321.50**	**$ 2,124.90**	**$ 1,748.40**
Employee + 2 or more dep.	$ 2,713.00	$ 2,611.90	$ 2,247.80	**$ 3,088.40**	**$ 2,826.90**	**$ 2,325.40**
Domestic Partner - City Affidavit	$ 1,019.70	$ 981.70	$ 845.00	**$ 1,160.80**	**$ 1,062.50**	**$ 874.20**
Delta Dental PPO						
Employee Only	$ 58.62			**$ 58.62**		
Employee + 1 dependent	$ 111.34			**$ 111.34**		
Employee + 2 or more dep.	$ 148.24			**$ 148.24**		
Domestic Partner - City Affidavit	$ 52.72			**$ 52.72**		
DeltaCare USA (DMO)						
Employee Only	$ 28.56			**$ 28.56**		
Employee + 1 dependent	$ 54.24			**$ 54.24**		
Employee + 2 or more dep.	$ 72.20			**$ 72.20**		
Domestic Partner - City Affidavit	$ 25.68			**$ 25.68**		
Plan Choices	**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Service Plan						
Employee Only	$ 8.44	$ 13.02		**$ 8.44**	**$ 13.02**	
Employee + 1 dependent	$ 12.14	$ 18.68		**$ 12.14**	**$ 18.68**	
Employee + 2 or more dep.	$ 21.72	$ 33.44		**$ 21.72**	**$ 33.44**	
Domestic Partner - City Affidavit	$ 3.70	$ 5.66		**$ 3.70**	**$ 5.66**	

Health premiums are paid on the first two paychecks of the month.

Benefit Services Division
(916) 808-5665
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