City of SACRAMENTO
Department of Human Resources

All Rep Units/Groups
.80 to 1.0 FTE

	2026 Monthly Rates			2027 Monthly Rates			2027 Employer Contribution			2027 Employee Cost (Monthly)			2027 Employee Cost (Per Pay Period)		
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															
Employee Only	$ 984.24	$ 970.46	$ 802.90	$ 1,058.92	$ 1,044.10	$ 863.72	$ 1,089.00	$ 1,089.00	$ 1,089.00	**$ (30.08)**	**$ (44.90)**	**$ (225.28)**	**$ (15.04)**	**$ (22.45)**	**$ (112.64)**
Employee + 1 dependent	$ 1,968.48	$ 1,940.92	$ 1,605.80	$ 2,117.84	$ 2,088.20	$ 1,727.44	$ 1,724.00	$ 1,724.00	$ 1,724.00	**$ 393.84**	**$ 364.20**	**$ 3.44**	**$ 196.92**	**$ 182.10**	**$ 1.72**
Employee + 2 or more dep.	$ 2,618.08	$ 2,581.44	$ 2,135.72	$ 2,816.74	$ 2,777.30	$ 2,297.48	$ 2,280.00	$ 2,280.00	$ 2,280.00	**$ 536.74**	**$ 497.30**	**$ 17.48**	**$ 268.37**	**$ 248.65**	**$ 8.74**
Domestic Partner - City Affidavit	$ 984.24	$ 970.46	$ 802.90	$ 1,058.92	$ 1,044.10	$ 863.72	$ -	$ -	$ -	**$ 1,058.92**	**$ 1,044.10**	**$ 863.72**	**$ 529.46**	**$ 522.05**	**$ 431.86**
Western Health Advantage															
Employee Only	$ 1,006.62	$ 987.36	$ 675.42	$ 1,077.06	$ 1,056.46	$ 722.70	$ 1,089.00	$ 1,089.00	$ 1,089.00	**$ (11.94)**	**$ (32.54)**	**$ (366.30)**	**$ (5.97)**	**$ (16.27)**	**$ (183.15)**
Employee + 1 dependent	$ 2,013.12	$ 1,974.62	$ 1,350.78	$ 2,154.00	$ 2,112.78	$ 1,445.30	$ 1,724.00	$ 1,724.00	$ 1,724.00	**$ 430.00**	**$ 388.78**	**$ (278.70)**	**$ 215.00**	**$ 194.39**	**$ (139.35)**
Employee + 2 or more dep.	$ 2,677.54	$ 2,626.34	$ 1,796.60	$ 2,864.92	$ 2,810.10	$ 1,922.32	$ 2,280.00	$ 2,280.00	$ 2,280.00	**$ 584.92**	**$ 530.10**	**$ (357.68)**	**$ 292.46**	**$ 265.05**	**$ (178.84)**
Domestic Partner - City Affidavit	$ 1,006.50	$ 987.26	$ 675.36	$ 1,076.94	$ 1,056.32	$ 722.60	$ -	$ -	$ -	**$ 1,076.94**	**$ 1,056.32**	**$ 722.60**	**$ 538.47**	**$ 528.16**	**$ 361.30**
Sutter Health Plan															
Employee Only	$ 1,019.50	$ 981.50	$ 845.00	$ 1,160.70	$ 1,062.40	$ 874.20	$ 1,089.00	$ 1,089.00	$ 1,089.00	**$ 71.70**	**$ (26.60)**	**$ (214.80)**	**$ 35.85**	**$ (13.30)**	**$ (107.40)**
Employee + 1 dependent	$ 2,039.20	$ 1,963.20	$ 1,690.00	$ 2,321.50	$ 2,124.90	$ 1,748.40	$ 1,724.00	$ 1,724.00	$ 1,724.00	**$ 597.50**	**$ 400.90**	**$ 24.40**	**$ 298.75**	**$ 200.45**	**$ 12.20**
Employee + 2 or more dep.	$ 2,713.00	$ 2,611.90	$ 2,247.80	$ 3,088.40	$ 2,826.90	$ 2,325.40	$ 2,280.00	$ 2,280.00	$ 2,280.00	**$ 808.40**	**$ 546.90**	**$ 45.40**	**$ 404.20**	**$ 273.45**	**$ 22.70**
Domestic Partner - City Affidavit	$ 1,019.70	$ 981.70	$ 845.00	$ 1,160.80	$ 1,062.50	$ 874.20	$ -	$ -	$ -	**$ 1,160.80**	**$ 1,062.50**	**$ 874.20**	**$ 580.40**	**$ 531.25**	**$ 437.10**
Delta Dental PPO															
Employee Only	$ 58.62			$ 58.62			$ -			**$ 58.62**			**$ 29.31**		
Employee + 1 dependent	$ 111.34			$ 111.34			$ -			**$ 111.34**			**$ 55.67**		
Employee + 2 or more dep.	$ 148.24			$ 148.24			$ -			**$ 148.24**			**$ 74.12**		
Domestic Partner - City Affidavit	$ 52.72			$ 52.72			$ -			**$ 52.72**			**$ 26.36**		
DeltaCare USA (DMO)															
Employee Only	$ 28.56			$ 28.56			$ -			**$ 28.56**			**$ 14.28**		
Employee + 1 dependent	$ 54.24			$ 54.24			$ -			**$ 54.24**			**$ 27.12**		
Employee + 2 or more dep.	$ 72.20			$ 72.20			$ -			**$ 72.20**			**$ 36.10**		
Domestic Partner - City Affidavit	$ 25.68			$ 25.68			$ -			**$ 25.68**			**$ 12.84**		
Plan Choices	**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Service Plan															
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**	
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 *worked* each pay period and contribution will be adjusted accordingly each pay period.

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(916) 808-5665
benefitservices@cityofsacramento.org

City of SACRAMENTO
Department of Human Resources

All Rep Units/Groups
50 to .79 FTE

	2026 Monthly Rates			2027 Monthly Rates			2027 Employer Contribution			2027 Employee Cost (Monthly)			2027 Employee Cost (Per Pay Period)		
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															
Employee Only	$ 984.24	$ 970.46	$ 802.90	$ 1,058.92	$ 1,044.10	$ 863.72	$ 544.50	$ 544.50	$ 544.50	**$ 514.42**	**$ 499.60**	**$ 319.22**	**$ 257.21**	**$ 249.80**	**$ 159.61**
Employee + 1 dependent	$ 1,968.48	$ 1,940.92	$ 1,605.80	$ 2,117.84	$ 2,088.20	$ 1,727.44	$ 862.00	$ 862.00	$ 862.00	**$ 1,255.84**	**$ 1,226.20**	**$ 865.44**	**$ 627.92**	**$ 613.10**	**$ 432.72**
Employee + 2 or more dep.	$ 2,618.08	$ 2,581.44	$ 2,135.72	$ 2,816.74	$ 2,777.30	$ 2,297.48	$ 1,140.00	$ 1,140.00	$ 1,140.00	**$ 1,676.74**	**$ 1,637.30**	**$ 1,157.48**	**$ 838.37**	**$ 818.65**	**$ 578.74**
Domestic Partner - City Affidavit	$ 984.24	$ 970.46	$ 802.90	$ 1,058.92	$ 1,044.10	$ 863.72	$ -	$ -	$ -	**$ 1,058.92**	**$ 1,044.10**	**$ 863.72**	**$ 529.46**	**$ 522.05**	**$ 431.86**
Western Health Advantage															
Employee Only	$ 1,006.62	$ 987.36	$ 675.42	$ 1,077.06	$ 1,056.46	$ 722.70	$ 544.50	$ 544.50	$ 544.50	**$ 532.56**	**$ 511.96**	**$ 178.20**	**$ 266.28**	**$ 255.98**	**$ 89.10**
Employee + 1 dependent	$ 2,013.12	$ 1,974.62	$ 1,350.78	$ 2,154.00	$ 2,112.78	$ 1,445.30	$ 862.00	$ 862.00	$ 862.00	**$ 1,292.00**	**$ 1,250.78**	**$ 583.30**	**$ 646.00**	**$ 625.39**	**$ 291.65**
Employee + 2 or more dep.	$ 2,677.54	$ 2,626.34	$ 1,796.60	$ 2,864.92	$ 2,810.10	$ 1,922.32	$ 1,140.00	$ 1,140.00	$ 1,140.00	**$ 1,724.92**	**$ 1,670.10**	**$ 782.32**	**$ 862.46**	**$ 835.05**	**$ 391.16**
Domestic Partner - City Affidavit	$ 1,006.50	$ 987.26	$ 675.36	$ 1,076.94	$ 1,056.32	$ 722.60	$ -	$ -	$ -	**$ 1,076.94**	**$ 1,056.32**	**$ 722.60**	**$ 538.47**	**$ 528.16**	**$ 361.30**
Sutter Health Plan															
Employee Only	$ 1,019.50	$ 981.50	$ 845.00	$ 1,160.70	$ 1,062.40	$ 874.20	$ 544.50	$ 544.50	$ 544.50	**$ 616.20**	**$ 517.90**	**$ 329.70**	**$ 308.10**	**$ 258.95**	**$ 164.85**
Employee + 1 dependent	$ 2,039.20	$ 1,963.20	$ 1,690.00	$ 2,321.50	$ 2,124.90	$ 1,748.40	$ 862.00	$ 862.00	$ 862.00	**$ 1,459.50**	**$ 1,262.90**	**$ 886.40**	**$ 729.75**	**$ 631.45**	**$ 443.20**
Employee + 2 or more dep.	$ 2,713.00	$ 2,611.90	$ 2,247.80	$ 3,088.40	$ 2,826.90	$ 2,325.40	$ 1,140.00	$ 1,140.00	$ 1,140.00	**$ 1,948.40**	**$ 1,686.90**	**$ 1,185.40**	**$ 974.20**	**$ 843.45**	**$ 592.70**
Domestic Partner - City Affidavit	$ 1,019.70	$ 981.70	$ 845.00	$ 1,160.80	$ 1,062.50	$ 874.20	$ -	$ -	$ -	**$ 1,160.80**	**$ 1,062.50**	**$ 874.20**	**$ 580.40**	**$ 531.25**	**$ 437.10**
Delta Dental PPO															
Employee Only	$ 58.62			$ 58.62			$ -			**$ 58.62**			**$ 29.31**		
Employee + 1 dependent	$ 111.34			$ 111.34			$ -			**$ 111.34**			**$ 55.67**		
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Plan Choices	**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Service Plan															
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**	
Waive Medical Coverage															
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