City of SACRAMENTO
Department of Human Resources

SPOA
.80 to 1.0 FTE

	2026 Monthly Rates			2027 Monthly Rates			2027 Employer Contribution			2027 Employee Cost			2027 Biweekly Employee Cost		
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															
Single Employee	$ 984.24	$ 970.46	$ 802.90	$ 1,058.92	$ 1,044.10	863.72	$ 971.00	$ 971.00	$ 971.00	**$ 87.92**	**$ 73.10**	**$ (107.28)**	**$ 43.96**	**$ 36.55**	**$ (53.64)**
Employee + 1 dependent	$ 1,968.48	$ 1,940.92	$ 1,605.80	$ 2,117.84	$ 2,088.20	1,727.44	$ 1,545.00	$ 1,545.00	$ 1,545.00	**$ 572.84**	**$ 543.20**	**$ 182.44**	**$ 286.42**	**$ 271.60**	**$ 91.22**
Employee + 2 or more dep.	$ 2,618.08	$ 2,581.44	$ 2,135.72	$ 2,816.74	$ 2,777.30	2,297.48	$ 2,051.00	$ 2,051.00	$ 2,051.00	**$ 765.74**	**$ 726.30**	**$ 246.48**	**$ 382.87**	**$ 363.15**	**$ 123.24**
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															
Single Employee	$ 1,006.62	$ 987.36	$ 675.42	$ 1,077.06	$ 1,056.46	$ 722.70	$ 971.00	$ 971.00	$ 971.00	**$ 106.06**	**$ 85.46**	**$ (248.30)**	**$ 53.03**	**$ 42.73**	**$ (124.15)**
Employee + 1 dependent	$ 2,013.12	$ 1,974.62	$ 1,350.78	$ 2,154.00	$ 2,112.78	$ 1,445.30	$ 1,545.00	$ 1,545.00	$ 1,545.00	**$ 609.00**	**$ 567.78**	**$ (99.70)**	**$ 304.50**	**$ 283.89**	**$ (49.85)**
Employee + 2 or more dep.	$ 2,677.54	$ 2,626.34	$ 1,796.60	$ 2,864.92	$ 2,810.10	$ 1,922.32	$ 2,051.00	$ 2,051.00	$ 2,051.00	**$ 813.92**	**$ 759.10**	**$ (128.68)**	**$ 406.96**	**$ 379.55**	**$ (64.34)**
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															
Single Employee	$ 1,019.50	$ 981.50	$ 845.00	$ 1,160.70	$ 1,062.40	$ 874.20	$ 971.00	$ 971.00	$ 971.00	**$ 189.70**	**$ 91.40**	**$ (96.80)**	**$ 94.85**	**$ 45.70**	**$ (48.40)**
Employee + 1 dependent	$ 2,039.20	$ 1,963.20	$ 1,690.00	$ 2,321.50	$ 2,124.90	$ 1,748.40	$ 1,545.00	$ 1,545.00	$ 1,545.00	**$ 776.50**	**$ 579.90**	**$ 203.40**	**$ 388.25**	**$ 289.95**	**$ 101.70**
Employee + 2 or more dep.	$ 2,713.00	$ 2,611.90	$ 2,247.80	$ 3,088.40	$ 2,826.90	$ 2,325.40	$ 2,051.00	$ 2,051.00	$ 2,051.00	**$ 1,037.40**	**$ 775.90**	**$ 274.40**	**$ 518.70**	**$ 387.95**	**$ 137.20**
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															
Single Employee	$ 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)															
Single Employee	$ 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 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 *worked* each pay period and contribution will be adjusted accordingly each pay period.

Benefit Services Division
(916) 808-5665
benefitservices@cityofsacramento.org

Revised 9/8/2026

City of SACRAMENTO
Department of Human Resources

SPOA
.50 to .79 FTE

	2026 Monthly Rates			2027 Monthly Rates			2027 Employer Contribution			2027 Employee Cost			2027 Biweekly Employee Cost		
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															
Single Employee	$ 984.24	$ 970.46	$ 802.90	$ 1,058.92	$ 1,044.10	$ 863.72	$ 485.50	$ 485.50	$ 485.50	**$ 573.42**	**$ 558.60**	**$ 378.22**	**$ 286.71**	**$ 279.30**	**$ 189.11**
Employee + 1 dependent	$ 1,968.48	$ 1,940.92	$ 1,605.80	$ 2,117.84	$ 2,088.20	$ 1,727.44	$ 772.50	$ 772.50	$ 772.50	**$ 1,345.34**	**$ 1,315.70**	**$ 954.94**	**$ 672.67**	**$ 657.85**	**$ 477.47**
Employee + 2 or more dep.	$ 2,618.08	$ 2,581.44	$ 2,135.72	$ 2,816.74	$ 2,777.30	$ 2,297.48	$ 1,025.50	$ 1,025.50	$ 1,025.50	**$ 1,791.24**	**$ 1,751.80**	**$ 1,271.98**	**$ 895.62**	**$ 875.90**	**$ 635.99**
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															
Single Employee	$ 1,006.62	$ 987.36	$ 675.42	$ 1,077.06	$ 1,056.46	$ 722.70	$ 485.50	$ 485.50	$ 485.50	**$ 591.56**	**$ 570.96**	**$ 237.20**	**$ 295.78**	**$ 285.48**	**$ 118.60**
Employee + 1 dependent	$ 2,013.12	$ 1,974.62	$ 1,350.78	$ 2,154.00	$ 2,112.78	$ 1,445.30	$ 772.50	$ 772.50	$ 772.50	**$ 1,381.50**	**$ 1,340.28**	**$ 672.80**	**$ 690.75**	**$ 670.14**	**$ 336.40**
Employee + 2 or more dep.	$ 2,677.54	$ 2,626.34	$ 1,796.60	$ 2,864.92	$ 2,810.10	$ 1,922.32	$ 1,025.50	$ 1,025.50	$ 1,025.50	**$ 1,839.42**	**$ 1,784.60**	**$ 896.82**	**$ 919.71**	**$ 892.30**	**$ 448.41**
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 Plus															
Single Employee	$ 1,019.50	$ 981.50	$ 845.00	$ 1,160.70	$ 1,062.40	$ 874.20	$ 485.50	$ 485.50	$ 485.50	**$ 675.20**	**$ 576.90**	**$ 388.70**	**$ 337.60**	**$ 288.45**	**$ 194.35**
Employee + 1 dependent	$ 2,039.20	$ 1,963.20	$ 1,690.00	$ 2,321.50	$ 2,124.90	$ 1,748.40	$ 772.50	$ 772.50	$ 772.50	**$ 1,549.00**	**$ 1,352.40**	**$ 975.90**	**$ 774.50**	**$ 676.20**	**$ 487.95**
Employee + 2 or more dep.	$ 2,713.00	$ 2,611.90	$ 2,247.80	$ 3,088.40	$ 2,826.90	$ 2,325.40	$ 1,025.50	$ 1,025.50	$ 1,025.50	**$ 2,062.90**	**$ 1,801.40**	**$ 1,299.90**	**$ 1,031.45**	**$ 900.70**	**$ 649.95**
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															
Single Employee	$ 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)															
Single Employee	$ 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 Services Plan															
Single Employee	$ 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														

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Refer to your labor agreement for cash-back eligibility if waiving City health insurance.

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