City of SACRAMENTO
Department of Human Resources

2027 Annual Cost All Rep Units except Unit 02 (SPOA)			
Kaiser HMO	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**
Employee Only	$ (360.96)	$ (538.80)	$ (2,703.36)
Employee + 1 dependent	$ 4,726.08	$ 4,370.40	$ 41.28
Employee + 2 or more dep.	$ 6,440.88	$ 5,967.60	$ 209.76
Domestic Partner (City Affidavit)	$ 12,707.04	$ 12,529.20	$ 10,364.64
Western Health Advantage	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**
Employee Only	$ (143.28)	$ (390.48)	$ (4,395.60)
Employee + 1 dependent	$ 5,160.00	$ 4,665.36	$ (3,344.40)
Employee + 2 or more dep.	$ 7,019.04	$ 6,361.20	$ (4,292.16)
Domestic Partner (City Affidavit)	$ 12,923.28	$ 12,675.84	$ 8,671.20
Sutter Health Plan	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**
Employee Only	$ 860.40	$ (319.20)	$ (2,577.60)
Employee + 1 dependent	$ 7,170.00	$ 4,810.80	$ 292.80
Employee + 2 or more dep.	$ 9,700.80	$ 6,562.80	$ 544.80
Domestic Partner (City Affidavit)	$ 13,929.60	$ 12,750.00	$ 10,490.40
Delta Dental PPO			
Employee Only	$ 703.44		
Employee + 1 dependent	$ 1,336.08		
Employee + 2 or more dep.	$ 1,778.88		
Domestic Partner (City Affidavit)	$ 632.64		
Delta Care USA (DMO)			
Employee Only	$ 342.72		
Employee + 1 dependent	$ 650.88		
Employee + 2 or more dep.	$ 866.40		
Domestic Partner (City Affidavit)	$ 308.16		
VSP-Vision Service Plan	**Basic**	**Enhanced**	
Employee Only	$ 101.28	$ 156.24	
Employee + 1 dependent	$ 145.68	$ 224.16	
Employee + 2 or more dep.	$ 260.64	$ 401.28	
Domestic Partner (City Affidavit)	$ 44.40	$ 67.92	

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

City of SACRAMENTO
Department of Human Resources

2027 Annual Cost Rep Unit 02 (SPOA)			
Kaiser HMO	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**
Employee Only	$ 1,055.04	$ 877.20	$ (1,287.36)
Employee + 1 dependent	$ 6,874.08	$ 6,518.40	$ 2,189.28
Employee + 2 or more dep.	$ 9,188.88	$ 8,715.60	$ 2,957.76
Domestic Partner (City Affidavit)	$ 12,707.04	$ 12,529.20	$ 10,364.64
Western Health Advantage	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**
Employee Only	$ 1,272.72	$ 1,025.52	$ (2,979.60)
Employee + 1 dependent	$ 7,308.00	$ 6,813.36	$ (1,196.40)
Employee + 2 or more dep.	$ 9,767.04	$ 9,109.20	$ (1,544.16)
Domestic Partner (City Affidavit)	$ 12,923.28	$ 12,675.84	$ 8,671.20
Sutter Health Plan	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**
Employee Only	$ 2,276.40	$ 1,096.80	$ (1,161.60)
Employee + 1 dependent	$ 9,318.00	$ 6,958.80	$ 2,440.80
Employee + 2 or more dep.	$ 12,448.80	$ 9,310.80	$ 3,292.80
Domestic Partner (City Affidavit)	$ 13,929.60	$ 12,750.00	$ 10,490.40
Delta Dental PPO			
Employee Only	$ 703.44		
Employee + 1 dependent	$ 1,336.08		
Employee + 2 or more dep.	$ 1,778.88		
Domestic Partner (City Affidavit)	$ 632.64		
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