City of SACRAMENTO
Department of Human Resources

SCXEA - Sacramento City Exempt Employees Association

	2015 Monthly Rates			2016 Monthly Rates			2016 Employer Contribution			2016 Employee Cost			2016 Biweekly Employee Cost		
Plan Choices	**$15 Co-Pay**	**$25 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	$ 718.70	$ 682.72	$ 561.66	$ 664.40	$ 655.08	540.94	$ 721.00	$ 721.00	$ 721.00	**$ (56.60)**	**$ (65.92)**	**$ (180.06)**	**$ (28.30)**	**$ (32.96)**	**$ (90.03)**
Employee + 1 dependent	$ 1,437.40	$ 1,365.44	$ 1,123.32	$ 1,328.80	$ 1,310.16	1,081.88	$ 883.00	$ 883.00	$ 883.00	**$ 445.80**	**$ 427.16**	**$ 198.88**	**$ 222.90**	**$ 213.58**	**$ 99.44**
Employee + 2 or more dep.	$ 1,911.74	$ 1,816.04	$ 1,494.02	$ 1,767.32	$ 1,742.52	1,438.90	$ 1,243.00	$ 1,243.00	$ 1,243.00	**$ 524.32**	**$ 499.52**	**$ 195.90**	**$ 262.16**	**$ 249.76**	**$ 97.95**
Domestic Partner (State Registered)	$ 718.70	$ 682.72	$ 561.66	$ 664.40	$ 655.08	$ 540.94	$ 162.00	$ 162.00	$ 162.00	**$ 502.40**	**$ 493.08**	**$ 378.94**	**$ 251.20**	**$ 246.54**	**$ 189.47**
										Negative amounts = Flex Credits to offset Dental and/or Vision if enrolled					
Western Health Advantage															
Single Employee	$ 697.82	$ 669.10	$ 495.46	$ 669.10	$ 657.70	$ 513.50	$ 721.00	$ 721.00	$ 721.00	**$ (51.90)**	**$ (63.30)**	**$ (207.50)**	**$ (25.95)**	**$ (31.65)**	**$ (103.75)**
Employee + 1 dependent	$ 1,395.64	$ 1,338.18	$ 990.90	$ 1,338.18	$ 1,315.40	$ 1,027.00	$ 883.00	$ 883.00	$ 883.00	**$ 455.18**	**$ 432.40**	**$ 144.00**	**$ 227.59**	**$ 216.20**	**$ 72.00**
Employee + 2 or more dep.	$ 1,856.20	$ 1,779.78	$ 1,317.90	$ 1,779.78	$ 1,749.50	$ 1,365.90	$ 1,243.00	$ 1,243.00	$ 1,243.00	**$ 536.78**	**$ 506.50**	**$ 122.90**	**$ 268.39**	**$ 253.25**	**$ 61.45**
Domestic Partner (State Registered)	$ 697.82	$ 669.08	$ 495.44	$ 669.08	$ 657.70	$ 513.50	$ 162.00	$ 162.00	$ 162.00	**$ 507.08**	**$ 495.70**	**$ 351.50**	**$ 253.54**	**$ 247.85**	**$ 175.75**
										Negative amounts = Flex Credits to offset Dental and/or Vision if enrolled					
Sutter Health Plus															
Single Employee	$ 738.52	$ 701.54	$ 577.16	$ 652.42	$ 628.32	$ 536.76	$ 721.00	$ 721.00	$ 721.00	**$ (68.58)**	**$ (92.68)**	**$ (184.24)**	**$ (34.29)**	**$ (46.34)**	**$ (92.12)**
Employee + 1 dependent	$ 1,477.06	$ 1,403.06	$ 1,154.32	$ 1,304.84	$ 1,257.64	$ 1,073.52	$ 883.00	$ 883.00	$ 883.00	**$ 421.84**	**$ 374.64**	**$ 190.52**	**$ 210.92**	**$ 187.32**	**$ 95.26**
Employee + 2 or more dep.	$ 1,964.48	$ 1,866.08	$ 1,535.22	$ 1,735.46	$ 1,672.30	$ 1,427.74	$ 1,243.00	$ 1,243.00	$ 1,243.00	**$ 492.46**	**$ 429.30**	**$ 184.74**	**$ 246.23**	**$ 214.65**	**$ 92.37**
Domestic Partner (State Registered)	$ 738.54	$ 701.52	$ 577.16	$ 652.42	$ 629.32	$ 536.76	$ 162.00	$ 162.00	$ 162.00	**$ 490.42**	**$ 467.32**	**$ 374.76**	**$ 245.21**	**$ 233.66**	**$ 187.38**
Delta Dental DPO															
Single Employee	$ 53.16			$ 51.42	NOW includes Orthodontics and Implants		**$ -**			**$ 51.42**			**$ 25.71**		
Employee + 1 dependent	$ 100.98			$ 97.66			**$ -**			**$ 97.66**			**$ 48.83**		
Employee + 2 or more dep.	$ 134.46			$ 130.04			**$ -**			**$ 130.04**			**$ 65.02**		
Domestic Partner (State Registered)	$ 47.82			$ 46.24			**$ -**			**$ 46.24**			**$ 23.12**		
Delta Care Dental PMI															
Single Employee	$ 27.86			$ 27.86			**$ -**			**$ 27.86**			**$ 13.93**		
Employee + 1 dependent	$ 52.92			$ 52.92			**$ -**			**$ 52.92**			**$ 26.46**		
Employee + 2 or more dep.	$ 70.44			$ 70.44			**$ -**			**$ 70.44**			**$ 35.22**		
Domestic Partner (State Registered)	$ 25.06			$ 25.06			**$ -**			**$ 25.06**			**$ 12.53**		
Plan Choices	**Basic**			**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Services Plan															
Single Employee	$ 7.96			$ 7.96	$ 10.78		**$ -**	**$ -**		**$ 7.96**	**$ 10.78**		**$ 3.98**	**5.39**	
Employee + 1 dependent	$ 11.40			$ 11.40	$ 15.44		**$ -**	**$ -**		**$ 11.40**	**$ 15.44**		**$ 5.70**	**7.72**	
Employee + 2 or more dep.	$ 20.00			$ 20.42	$ 27.64		**$ -**	**$ -**		**$ 20.42**	**$ 27.64**		**$ 10.21**	**13.82**	
Domestic Partner (State Registered)	$ 3.36			$ 3.44	$ 4.66		**$ -**	**$ -**		**$ 3.44**	**$ 4.66**		**$ 1.72**	**2.33**	
Waive Medical Coverage															
Flex Credit See note below:	$ 200.00						$ 200.00								

Notes:
New Employees or Employees who are not receiving the cash-back as of June 29, 2012 shall not be eligible for the cash-back option. Please refer to your Labor Agreement

Revised 9/30/2015