City of SACRAMENTO
Department of Human Resources

2017 ACTIVE EMPLOYEE PREMIUM RATES

	2016 Monthly Rates			2017 Monthly Rates		
Plan Choices	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**
Kaiser HMO						
Single Employee	$ 664.40	$ 655.08	$ 540.94	**$ 715.56**	**$ 705.52**	**$ 582.60**
Employee + 1 dependent	$ 1,328.80	$ 1,310.16	$ 1,081.88	**$ 1,431.12**	**$ 1,411.04**	**$ 1,165.18**
Employee + 2 or more dep.	$ 1,767.32	$ 1,742.52	$ 1,438.90	**$ 1,903.40**	**$ 1,876.70**	**$ 1,549.70**
Domestic Partner	$ 664.40	$ 655.08	$ 540.94	**$ 715.56**	**$ 705.52**	**$ 582.58**
Western Health Advantage						
Single Employee	$ 669.10	$ 657.70	$ 513.50	**$ 702.42**	**$ 690.46**	**$ 539.08**
Employee + 1 dependent	$ 1,338.18	$ 1,315.40	$ 1,027.00	**$ 1,404.82**	**$ 1,380.92**	**$ 1,078.14**
Employee + 2 or more dep.	$ 1,779.78	$ 1,749.50	$ 1,365.90	**$ 1,868.42**	**$ 1,836.64**	**$ 1,433.92**
Domestic Partner	$ 669.08	$ 657.70	$ 513.50	**$ 702.40**	**$ 690.46**	**$ 539.06**
Sutter Health Plus						
Single Employee	$ 652.42	$ 628.32	$ 536.76	**$ 683.82**	**$ 658.54**	**$ 559.10**
Employee + 1 dependent	$ 1,304.84	$ 1,257.64	$ 1,073.52	**$ 1,368.46**	**$ 1,318.06**	**$ 1,118.02**
Employee + 2 or more dep.	$ 1,735.46	$ 1,672.30	$ 1,427.74	**$ 1,818.50**	**$ 1,752.66**	**$ 1,486.00**
Domestic Partner	$ 625.42	$ 629.32	$ 536.76	**$ 684.64**	**$ 659.52**	**$ 558.92**
Delta Dental DPO						
Single Employee	$ 51.42			**$ 51.42**		
Employee + 1 dependent	$ 97.66			**$ 97.66**		
Employee + 2 or more dep.	$ 130.04			**$ 130.04**		
Domestic Partner	$ 46.24			**$ 46.24**		
DeltaCare Dental PMI						
Single Employee	$ 27.86			**$ 27.86**		
Employee + 1 dependent	$ 52.92			**$ 52.92**		
Employee + 2 or more dep.	$ 70.44			**$ 70.44**		
Domestic Partner	$ 25.06			**$ 25.06**		
Plan Choices	**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Services Plan						
Single Employee	$ 7.96	$ 10.78		**$ 7.96**	**$ 10.78**	
Employee + 1 dependent	$ 11.40	$ 15.44		**$ 11.40**	**$ 15.44**	
Employee + 2 or more dep.	$ 20.42	$ 27.64		**$ 20.42**	**$ 27.64**	
Domestic Partner	$ 3.44	$ 4.66		**$ 3.44**	**$ 4.66**	
Waive Medical Coverage						
Flex Credit	**Variable**			**Variable**		

**Please refer to your Labor Agreement for Cash-Back eligibility

Revised 9/19/2016