City of SACRAMENTO
Department of Human Resources

Local 447 - Plumbers and Pipefitters

	2016 Monthly Rates			2017 Monthly Rates			2017 Employer Contribution			2017 Employee Cost			2017 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	$ 664.40	$ 655.08	$ 540.94	$ 715.56	$ 705.52	582.60	$ 721.00	$ 721.00	$ 721.00	**$ (5.44)**	**$ (15.48)**	**$ (138.40)**	**$ (2.72)**	**$ (7.74)**	**$ (69.20)**
Employee + 1 dependent	$ 1,328.80	$ 1,310.16	$ 1,081.88	$ 1,431.12	$ 1,411.04	1,165.18	$ 883.00	$ 883.00	$ 883.00	**$ 548.12**	**$ 528.04**	**$ 282.18**	**$ 274.06**	**$ 264.02**	**$ 141.09**
Employee + 2 or more dep.	$ 1,767.32	$ 1,742.52	$ 1,438.90	$ 1,903.40	$ 1,876.70	1,549.70	$ 1,243.00	$ 1,243.00	$ 1,243.00	**$ 660.40**	**$ 633.70**	**$ 306.70**	**$ 330.20**	**$ 316.85**	**$ 153.35**
Domestic Partner (State Registered)	$ 664.40	$ 655.08	$ 540.94	$ 715.56	$ 705.52	$ 582.58	$ 162.00	$ 162.00	$ 162.00	**$ 553.56**	**$ 543.52**	**$ 420.58**	**$ 276.78**	**$ 271.76**	**$ 210.29**
										Negative amounts = Flex Credits to offset Dental and/or Vision if enrolled					
Western Health Advantage															
Single Employee	$ 669.10	$ 657.70	$ 513.50	$ 702.42	$ 690.46	$ 539.08	$ 721.00	$ 721.00	$ 721.00	**$ (18.58)**	**$ (30.54)**	**$ (181.92)**	**$ (9.29)**	**$ (15.27)**	**$ (90.96)**
Employee + 1 dependent	$ 1,338.18	$ 1,315.40	$ 1,027.00	$ 1,404.82	$ 1,380.92	$ 1,078.14	$ 883.00	$ 883.00	$ 883.00	**$ 521.82**	**$ 497.92**	**$ 195.14**	**$ 260.91**	**$ 248.96**	**$ 97.57**
Employee + 2 or more dep.	$ 1,779.78	$ 1,749.50	$ 1,365.90	$ 1,868.42	$ 1,836.64	$ 1,433.92	$ 1,243.00	$ 1,243.00	$ 1,243.00	**$ 625.42**	**$ 593.64**	**$ 190.92**	**$ 312.71**	**$ 296.82**	**$ 95.46**
Domestic Partner (State Registered)	$ 669.08	$ 657.70	$ 513.50	$ 702.40	$ 690.46	$ 539.06	$ 162.00	$ 162.00	$ 162.00	**$ 540.40**	**$ 528.46**	**$ 377.06**	**$ 270.20**	**$ 264.23**	**$ 188.53**
										Negative amounts = Flex Credits to offset Dental and/or Vision if enrolled					
Sutter Health Plus															
Single Employee	$ 652.42	$ 628.32	$ 536.76	$ 683.82	$ 658.54	$ 559.10	$ 721.00	$ 721.00	$ 721.00	**$ (37.18)**	**$ (62.46)**	**$ (161.90)**	**$ (18.59)**	**$ (31.23)**	**$ (80.95)**
Employee + 1 dependent	$ 1,304.84	$ 1,257.64	$ 1,073.52	$ 1,368.46	$ 1,318.06	$ 1,118.02	$ 883.00	$ 883.00	$ 883.00	**$ 485.46**	**$ 435.06**	**$ 235.02**	**$ 242.73**	**$ 217.53**	**$ 117.51**
Employee + 2 or more dep.	$ 1,735.46	$ 1,672.30	$ 1,427.74	$ 1,818.50	$ 1,752.66	$ 1,486.00	$ 1,243.00	$ 1,243.00	$ 1,243.00	**$ 575.50**	**$ 509.66**	**$ 243.00**	**$ 287.75**	**$ 254.83**	**$ 121.50**
Domestic Partner (State Registered)	$ 625.42	$ 629.32	$ 536.76	$ 684.64	$ 659.52	$ 558.92	$ 162.00	$ 162.00	$ 162.00	**$ 522.64**	**$ 497.52**	**$ 396.92**	**$ 261.32**	**$ 248.76**	**$ 198.46**
Delta Dental DPO															
Single Employee	$ 51.42			$ 51.42			**$ -**			**$ 51.42**			**$ 25.71**		
Employee + 1 dependent	$ 97.66			$ 97.66			**$ -**			**$ 97.66**			**$ 48.83**		
Employee + 2 or more dep.	$ 130.04			$ 130.04			**$ -**			**$ 130.04**			**$ 65.02**		
Domestic Partner (State Registered)	$ 46.24			$ 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**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Services Plan															
Single Employee	$ 7.96	$ 10.78		$ 7.96	$ 10.78		**$ -**	**$ -**		**$ 7.96**	**$ 10.78**		**$ 3.98**	**5.39**	
Employee + 1 dependent	$ 11.40	$ 15.44		$ 11.40	$ 15.44		**$ -**	**$ -**		**$ 11.40**	**$ 15.44**		**$ 5.70**	**7.72**	
Employee + 2 or more dep.	$ 20.42	$ 27.64		$ 20.42	$ 27.64		**$ -**	**$ -**		**$ 20.42**	**$ 27.64**		**$ 10.21**	**13.82**	
Domestic Partner (State Registered)	$ 3.44	$ 4.66		$ 3.44	$ 4.66		**$ -**	**$ -**		**$ 3.44**	**$ 4.66**		**$ 1.72**	**2.33**	
Waive Medical Coverage															
Flex Credit See note below:	$ 200.00														

Notes:

None

Revised 9/9/2016