City of SACRAMENTO
Department of Human Resources

2020 COBRA PREMIUM RATES

	2019 Monthly Rates			2020 Monthly Rates		
Plan Choices	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**	**$25 Co-Pay**	**$40 Co-Pay**	**ABHP**
Kaiser HMO						
Single Employee	$ 741.48	$ 731.12	$ 603.74	$ 771.84	$ 761.04	$ 628.42
Employee + 1 dependent	$ 1,480.94	$ 1,460.22	$ 1,205.48	$ 1,541.68	$ 1,520.08	$ 1,254.84
Employee + 2 or more dep.	$ 1,969.00	$ 1,941.44	$ 1,602.64	$ 2,049.80	$ 2,021.06	$ 1,668.28
Domestic Partner	$ 739.46	$ 729.10	$ 601.74	$ 769.84	$ 759.04	$ 626.42
Western Health Advantage						
Single Employee	$ 771.16	$ 758.02	$ 591.82	$ 801.05	$ 787.38	$ 614.75
Employee + 1 dependent	$ 1,542.28	$ 1,516.05	$ 1,183.65	$ 1,602.03	$ 1,574.78	$ 1,229.51
Employee + 2 or more dep.	$ 2,051.28	$ 2,016.36	$ 1,574.25	$ 2,130.74	$ 2,094.47	$ 1,635.22
Domestic Partner	$ 771.12	$ 758.02	$ 591.82	$ 800.99	$ 787.40	$ 614.75
Sutter Health Plus						
Single Employee	$ 774.08	$ 745.72	$ 633.77	$ 797.35	$ 768.16	$ 652.49
Employee + 1 dependent	$ 1,548.07	$ 1,491.38	$ 1,267.37	$ 1,594.65	$ 1,536.28	$ 1,304.78
Employee + 2 or more dep.	$ 2,060.28	$ 1,984.86	$ 1,685.84	$ 2,122.42	$ 2,044.77	$ 1,735.63
Domestic Partner	$ 774.00	$ 745.66	$ 633.60	$ 797.29	$ 768.12	$ 652.29
Delta Dental DPO						
Single Employee	$ 58.22			$ 63.30		
Employee + 1 dependent	$ 110.59			$ 120.22		
Employee + 2 or more dep.	$ 147.25			$ 160.06		
Domestic Partner	$ 52.37			$ 56.92		
DeltaCare Dental PMI						
Single Employee	$ 28.42			$ 28.42		
Employee + 1 dependent	$ 53.98			$ 53.98		
Employee + 2 or more dep.	$ 71.85			$ 71.85		
Domestic Partner	$ 25.56			$ 25.56		
Plan Choices	**Basic**	**Enhanced**		**Basic**	**Enhanced**	
VSP-Vision Services Plan						
Single Employee	$ 8.20	$ 11.08		$ 8.61	$ 13.28	
Employee + 1 dependent	$ 11.79	$ 15.91		$ 12.38	$ 19.05	
Employee + 2 or more dep.	$ 21.09	$ 28.46		$ 22.15	$ 34.11	
Domestic Partner	$ 3.59	$ 4.61		$ 3.77	$ 5.51	

Revised 9/17/2019