City of SACRAMENTO
Department of Human Resources

.50 to .79 FTE
All Rep Units/Labor Groups

	2019 Monthly Rates			2020 Monthly Rates			2020 Employer Contribution			2020 Employee Cost			2020 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	$ 739.48	$ 729.12	$ 601.74	$ 769.84	$ 759.04	$ 626.42	$ 414.73	$ 414.73	$ 414.73	**$ 355.11**	**$ 344.31**	**$ 211.69**	**$ 177.56**	**$ 172.16**	**$ 105.85**
Employee + 1 dependent	$ 1,478.94	$ 1,458.22	$ 1,203.48	$ 1,539.68	$ 1,518.08	$ 1,252.84	$ 659.19	$ 659.19	$ 659.19	**$ 880.49**	**$ 858.89**	**$ 593.65**	**$ 440.25**	**$ 429.45**	**$ 296.83**
Employee + 2 or more dep.	$ 1,967.00	$ 1,939.44	$ 1,600.64	$ 2,047.80	$ 2,019.06	$ 1,666.28	$ 879.00	$ 879.00	$ 879.00	**$ 1,168.80**	**$ 1,140.06**	**$ 787.28**	**$ 584.40**	**$ 570.03**	**$ 393.64**
Domestic Partner - City Affidavit	$ 739.46	$ 729.10	$ 601.74	$ 769.84	$ 759.04	$ 626.42	$ -	$ -	$ -	**$ 769.84**	**$ 759.04**	**$ 626.42**	**$ 384.92**	**$ 379.52**	**$ 313.21**
Western Health Advantage															
Single Employee	$ 756.04	$ 743.16	$ 580.22	$ 785.34	$ 771.94	$ 602.70	$ 414.73	$ 414.73	$ 414.73	**$ 370.61**	**$ 357.21**	**$ 187.97**	**$ 185.31**	**$ 178.61**	**$ 93.99**
Employee + 1 dependent	$ 1,512.04	$ 1,486.32	$ 1,160.44	$ 1,570.62	$ 1,543.90	$ 1,205.40	$ 659.19	$ 659.19	$ 659.19	**$ 911.43**	**$ 884.71**	**$ 546.21**	**$ 455.72**	**$ 442.36**	**$ 273.11**
Employee + 2 or more dep.	$ 2,011.06	$ 1,976.82	$ 1,543.38	$ 2,088.96	$ 2,053.40	$ 1,603.16	$ 879.00	$ 879.00	$ 879.00	**$ 1,209.96**	**$ 1,174.40**	**$ 724.16**	**$ 604.98**	**$ 587.20**	**$ 362.08**
Domestic Partner - City Affidavit	$ 756.00	$ 743.16	$ 580.22	$ 785.28	$ 771.96	$ 602.70	$ -	$ -	$ -	**$ 785.28**	**$ 771.96**	**$ 602.70**	**$ 392.64**	**$ 385.98**	**$ 301.35**
Sutter Health Plus															
Single Employee	$ 758.90	$ 731.10	$ 621.34	$ 781.72	$ 753.10	$ 639.70	$ 414.73	$ 414.73	$ 414.73	**$ 366.99**	**$ 338.37**	**$ 224.97**	**$ 183.50**	**$ 169.19**	**$ 112.49**
Employee + 1 dependent	$ 1,517.72	$ 1,462.14	$ 1,242.52	$ 1,563.38	$ 1,506.16	$ 1,279.20	$ 659.19	$ 659.19	$ 659.19	**$ 904.19**	**$ 846.97**	**$ 620.01**	**$ 452.10**	**$ 423.49**	**$ 310.01**
Employee + 2 or more dep.	$ 2,019.88	$ 1,945.94	$ 1,652.78	$ 2,080.80	$ 2,004.68	$ 1,701.60	$ 879.00	$ 879.00	$ 879.00	**$ 1,201.80**	**$ 1,125.68**	**$ 822.60**	**$ 600.90**	**$ 562.84**	**$ 411.30**
Domestic Partner - City Affidavit	$ 758.82	$ 731.04	$ 621.18	$ 781.66	$ 753.06	$ 639.50	$ -	$ -	$ -	**$ 781.66**	**$ 753.06**	**$ 639.50**	**$ 390.83**	**$ 376.53**	**$ 319.75**
Delta Dental PPO															
Single Employee	$ 57.08			$ 62.06			**$ -**			**$ 62.06**			**$ 31.03**		
Employee + 1 dependent	$ 108.42			$ 117.86			**$ -**			**$ 117.86**			**$ 58.93**		
Employee + 2 or more dep.	$ 144.36			$ 156.92			**$ -**			**$ 156.92**			**$ 78.46**		
Domestic Partner - City Affidavit	$ 51.34			$ 55.80			**$ -**			**$ 55.80**			**$ 27.90**		
DeltaCare USA (DMO)															
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 - City Affidavit	$ 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	$ 8.04	$ 10.86		$ 8.44	$ 13.02		**$ -**	**$ -**		**$ 8.44**	**$ 13.02**		**$ 4.22**	**$ 6.51**	
Employee + 1 dependent	$ 11.56	$ 15.60		$ 12.14	$ 18.68		**$ -**	**$ -**		**$ 12.14**	**$ 18.68**		**$ 6.07**	**$ 9.34**	
Employee + 2 or more dep.	$ 20.68	$ 27.90		$ 21.72	$ 33.44		**$ -**	**$ -**		**$ 21.72**	**$ 33.44**		**$ 10.86**	**$ 16.72**	
Domestic Partner - City Affidavit	$ 3.52	$ 4.74		$ 3.70	$ 5.66		**$ -**	**$ -**		**$ 3.70**	**$ 5.66**		**$ 1.85**	**$ 2.83**	
Waive Medical Coverage															
Cash-back option (see below)	$ 200.00														

Notes:
Refer to your labor agreement for cash-back eligibility if waiving City health insurance.

Revised 2/19/2020