

Annual Cost to Employee	All Rep Units/Labor Groups		
	2021 Employee Cost		
Kaiser HMO	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (1,188.96)	\$ (1,311.84)	\$ (2,822.40)
Employee + 1 dependent	\$ 1,708.56	\$ 1,462.80	\$ (1,558.08)
Employee + 2 or more dep.	\$ 2,217.60	\$ 1,890.96	\$ (2,127.12)
Domestic Partner (City Affidavit)	\$ 8,764.56	\$ 8,641.68	\$ 7,131.36
Western Health Advantage	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (1,000.32)	\$ (1,153.20)	\$ (3,082.56)
Employee + 1 dependent	\$ 2,085.36	\$ 1,780.80	\$ (2,078.40)
Employee + 2 or more dep.	\$ 2,719.20	\$ 2,313.84	\$ (2,819.04)
Domestic Partner (City Affidavit)	\$ 8,952.72	\$ 8,801.04	\$ 6,871.20
Sutter Health Plus	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (1,041.12)	\$ (1,367.52)	\$ (2,665.92)
Employee + 1 dependent	\$ 2,006.64	\$ 1,353.84	\$ (1,245.36)
Employee + 2 or more dep.	\$ 2,629.20	\$ 1,760.40	\$ (1,711.20)
Domestic Partner (City Affidavit)	\$ 8,914.80	\$ 8,588.40	\$ 7,287.60
Delta Dental PPO			
Single Employee	\$ 744.72		
Employee + 1 dependent	\$ 1,414.32		
Employee + 2 or more dep.	\$ 1,883.04		
Domestic Partner (City Affidavit)	\$ 669.60		
Delta Care USA (DMO)			
Single Employee	\$ 334.32		
Employee + 1 dependent	\$ 635.04		
Employee + 2 or more dep.	\$ 845.28		
Domestic Partner (City Affidavit)	\$ 300.72		
VSP-Vision Services Plan	Basic	Enhanced	
Single Employee	\$ 101.28	\$ 156.24	
Employee + 1 dependent	\$ 145.68	\$ 224.16	
Employee + 2 or more dep.	\$ 260.64	\$ 401.28	
Domestic Partner (City Affidavit)	\$ 44.40	\$ 67.92	

Waiving Coverage - see labor agreement for eligibility of cash out if waiving health coverage.

Domestic Partner (City Affidavit) - see labor agreement for coverage eligibility of domestic partner via City affidavit