City of SACRAMENTO
Department of Human Resources

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

	2020 Monthly Rates			2021 Monthly Rates			2021 Employer Contribution			2021 Employee Cost			2021 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	$ 769.84	$ 759.04	$ 626.42	$ 730.38	$ 720.14	$ 594.26	$ 414.73	$ 414.73	$ 414.73	**$ 315.65**	**$ 305.41**	**$ 179.53**	**$ 157.83**	**$ 152.71**	**$ 89.77**
Employee + 1 dependent	$ 1,539.68	$ 1,518.08	$ 1,252.84	$ 1,460.76	$ 1,440.28	$ 1,188.54	$ 659.19	$ 659.19	$ 659.19	**$ 801.57**	**$ 781.09**	**$ 529.35**	**$ 400.79**	**$ 390.55**	**$ 264.68**
Employee + 2 or more dep.	$ 2,047.80	$ 2,019.06	$ 1,666.28	$ 1,942.80	$ 1,915.58	$ 1,580.74	$ 879.00	$ 879.00	$ 879.00	**$ 1,063.80**	**$ 1,036.58**	**$ 701.74**	**$ 531.90**	**$ 518.29**	**$ 350.87**
Domestic Partner - City Affidavit	$ 769.84	$ 759.04	$ 626.42	$ 730.38	$ 720.14	$ 594.28	$ -	$ -	$ -	**$ 730.38**	**$ 720.14**	**$ 594.28**	**$ 365.19**	**$ 360.07**	**$ 297.14**
Western Health Advantage															
Single Employee	$ 785.34	$ 771.94	$ 602.70	$ 746.10	$ 733.36	$ 572.58	$ 414.73	$ 414.73	$ 414.73	**$ 331.37**	**$ 318.63**	**$ 157.85**	**$ 165.69**	**$ 159.32**	**$ 78.93**
Employee + 1 dependent	$ 1,570.62	$ 1,543.90	$ 1,205.40	$ 1,492.16	$ 1,466.78	$ 1,145.18	$ 659.19	$ 659.19	$ 659.19	**$ 832.97**	**$ 807.59**	**$ 485.99**	**$ 416.49**	**$ 403.80**	**$ 243.00**
Employee + 2 or more dep.	$ 2,088.96	$ 2,053.40	$ 1,603.16	$ 1,984.60	$ 1,950.82	$ 1,523.08	$ 879.00	$ 879.00	$ 879.00	**$ 1,105.60**	**$ 1,071.82**	**$ 644.08**	**$ 552.80**	**$ 535.91**	**$ 322.04**
Domestic Partner - City Affidavit	$ 785.28	$ 771.96	$ 602.70	$ 746.06	$ 733.42	$ 572.60	$ -	$ -	$ -	**$ 746.06**	**$ 733.42**	**$ 572.60**	**$ 373.03**	**$ 366.71**	**$ 286.30**
Sutter Health Plus															
Single Employee	$ 781.72	$ 753.10	$ 639.70	$ 742.70	$ 715.50	$ 607.30	$ 414.73	$ 414.73	$ 414.73	**$ 327.97**	**$ 300.77**	**$ 192.57**	**$ 163.99**	**$ 150.39**	**$ 96.29**
Employee + 1 dependent	$ 1,563.38	$ 1,506.16	$ 1,279.20	$ 1,485.60	$ 1,431.20	$ 1,214.60	$ 659.19	$ 659.19	$ 659.19	**$ 826.41**	**$ 772.01**	**$ 555.41**	**$ 413.21**	**$ 386.01**	**$ 277.71**
Employee + 2 or more dep.	$ 2,080.80	$ 2,004.68	$ 1,701.60	$ 1,977.10	$ 1,904.70	$ 1,615.40	$ 879.00	$ 879.00	$ 879.00	**$ 1,098.10**	**$ 1,025.70**	**$ 736.40**	**$ 549.05**	**$ 512.85**	**$ 368.20**
Domestic Partner - City Affidavit	$ 781.66	$ 753.06	$ 639.50	$ 742.90	$ 715.70	$ 607.30	$ -	$ -	$ -	**$ 742.90**	**$ 715.70**	**$ 607.30**	**$ 371.45**	**$ 357.85**	**$ 303.65**
Delta Dental PPO															
Single Employee	$ 62.06			$ 62.06			**$ -**			**$ 62.06**			**$ 31.03**		
Employee + 1 dependent	$ 117.86			$ 117.86			**$ -**			**$ 117.86**			**$ 58.93**		
Employee + 2 or more dep.	$ 156.92			$ 156.92			**$ -**			**$ 156.92**			**$ 78.46**		
Domestic Partner - City Affidavit	$ 55.80			$ 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	$ 8.44	$ 13.02		$ 8.44	$ 13.02		**$ -**	**$ -**		**$ 8.44**	**$ 13.02**		**$ 4.22**	**$ 6.51**	
Employee + 1 dependent	$ 12.14	$ 18.68		$ 12.14	$ 18.68		**$ -**	**$ -**		**$ 12.14**	**$ 18.68**		**$ 6.07**	**$ 9.34**	
Employee + 2 or more dep.	$ 21.72	$ 33.44		$ 21.72	$ 33.44		**$ -**	**$ -**		**$ 21.72**	**$ 33.44**		**$ 10.86**	**$ 16.72**	
Domestic Partner - City Affidavit	$ 3.70	$ 5.66		$ 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.

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