City of SACRAMENTO
Department of Human Resources

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	$ 829.46	$ 829.46	$ 829.46	**$ (99.08)**	**$ (109.32)**	**$ (235.20)**	**$ (49.54)**	**$ (54.66)**	**$ (117.60)**
Employee + 1 dependent	$ 1,539.68	$ 1,518.08	$ 1,252.84	$ 1,460.76	$ 1,440.28	$ 1,188.54	$ 1,318.38	$ 1,318.38	$ 1,318.38	**$ 142.38**	**$ 121.90**	**$ (129.84)**	**$ 71.19**	**$ 60.95**	**$ (64.92)**
Employee + 2 or more dep.	$ 2,047.80	$ 2,019.06	$ 1,666.28	$ 1,942.80	$ 1,915.58	$ 1,580.74	$ 1,758.00	$ 1,758.00	$ 1,758.00	**$ 184.80**	**$ 157.58**	**$ (177.26)**	**$ 92.40**	**$ 78.79**	**$ (88.63)**
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	$ 829.46	$ 829.46	$ 829.46	**$ (83.36)**	**$ (96.10)**	**$ (256.88)**	**$ (41.68)**	**$ (48.05)**	**$ (128.44)**
Employee + 1 dependent	$ 1,570.62	$ 1,543.90	$ 1,205.40	$ 1,492.16	$ 1,466.78	$ 1,145.18	$ 1,318.38	$ 1,318.38	$ 1,318.38	**$ 173.78**	**$ 148.40**	**$ (173.20)**	**$ 86.89**	**$ 74.20**	**$ (86.60)**
Employee + 2 or more dep.	$ 2,088.96	$ 2,053.40	$ 1,603.16	$ 1,984.60	$ 1,950.82	$ 1,523.08	$ 1,758.00	$ 1,758.00	$ 1,758.00	**$ 226.60**	**$ 192.82**	**$ (234.92)**	**$ 113.30**	**$ 96.41**	**$ (117.46)**
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	$ 829.46	$ 829.46	$ 829.46	**$ (86.76)**	**$ (113.96)**	**$ (222.16)**	**$ (43.38)**	**$ (56.98)**	**$ (111.08)**
Employee + 1 dependent	$ 1,563.38	$ 1,506.16	$ 1,279.20	$ 1,485.60	$ 1,431.20	$ 1,214.60	$ 1,318.38	$ 1,318.38	$ 1,318.38	**$ 167.22**	**$ 112.82**	**$ (103.78)**	**$ 83.61**	**$ 56.41**	**$ (51.89)**
Employee + 2 or more dep.	$ 2,080.80	$ 2,004.68	$ 1,701.60	$ 1,977.10	$ 1,904.70	$ 1,615.40	$ 1,758.00	$ 1,758.00	$ 1,758.00	**$ 219.10**	**$ 146.70**	**$ (142.60)**	**$ 109.55**	**$ 73.35**	**$ (71.30)**
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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