

Annual Cost to Employee	All Rep Units/Labor Groups		
	2022 Employee Cost		
Kaiser HMO	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (607.68)	\$ (738.72)	\$ (2,348.16)
Employee + 1 dependent	\$ 2,871.12	\$ 2,609.04	\$ (610.08)
Employee + 2 or more dep.	\$ 3,763.92	\$ 3,415.44	\$ (865.92)
Domestic Partner (City Affidavit)	\$ 9,345.84	\$ 9,214.80	\$ 7,605.12
Western Health Advantage	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (814.08)	\$ (1,001.52)	\$ (3,326.88)
Employee + 1 dependent	\$ 2,457.84	\$ 2,082.96	\$ (2,567.76)
Employee + 2 or more dep.	\$ 3,214.56	\$ 2,716.08	\$ (3,469.44)
Domestic Partner (City Affidavit)	\$ 9,138.96	\$ 8,951.52	\$ 6,626.16
Sutter Health Plus	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (693.12)	\$ (1,032.72)	\$ (2,377.92)
Employee + 1 dependent	\$ 2,702.64	\$ 2,023.44	\$ (669.36)
Employee + 2 or more dep.	\$ 3,554.40	\$ 2,652.00	\$ (944.40)
Domestic Partner (City Affidavit)	\$ 9,262.80	\$ 8,923.20	\$ 7,575.60
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