

2022 ACTIVE EMPLOYEE PREMIUM RATES

Plan Choices	2021 Monthly Rates			2022 Monthly Rates		
	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
<u>Kaiser HMO</u>						
Single Employee	\$ 730.38	\$ 720.14	\$ 594.26	\$ 778.82	\$ 767.90	\$ 633.78
Employee + 1 dependent	\$ 1,460.76	\$ 1,440.28	\$ 1,188.52	\$ 1,557.64	\$ 1,535.80	\$ 1,267.54
Employee + 2 or more dep.	\$ 1,942.80	\$ 1,915.58	\$ 1,580.74	\$ 2,071.66	\$ 2,042.62	\$ 1,685.84
Domestic Partner - City Affidavit	\$ 730.38	\$ 720.14	\$ 594.26	\$ 778.82	\$ 767.90	\$ 633.76
<u>Western Health Advantage</u>						
Single Employee	\$ 746.10	\$ 733.36	\$ 572.58	\$ 761.62	\$ 746.00	\$ 552.22
Employee + 1 dependent	\$ 1,492.16	\$ 1,466.78	\$ 1,145.18	\$ 1,523.20	\$ 1,491.96	\$ 1,104.40
Employee + 2 or more dep.	\$ 1,984.60	\$ 1,950.82	\$ 1,523.08	\$ 2,025.88	\$ 1,984.34	\$ 1,468.88
Domestic Partner - City Affidavit	\$ 746.06	\$ 733.42	\$ 572.60	\$ 761.58	\$ 745.96	\$ 552.18
<u>Sutter Health Plus</u>						
Single Employee	\$ 742.70	\$ 715.50	\$ 607.30	\$ 771.70	\$ 743.40	\$ 631.30
Employee + 1 dependent	\$ 1,485.60	\$ 1,431.20	\$ 1,214.60	\$ 1,543.60	\$ 1,487.00	\$ 1,262.60
Employee + 2 or more dep.	\$ 1,977.10	\$ 1,904.70	\$ 1,615.40	\$ 2,054.20	\$ 1,979.00	\$ 1,679.30
Domestic Partner - City Affidavit	\$ 742.90	\$ 715.70	\$ 607.30	\$ 771.90	\$ 743.60	\$ 631.30
<u>Delta Dental PPO</u>						
Single Employee	\$ 62.06			\$ 62.06		
Employee + 1 dependent	\$ 117.86			\$ 117.86		
Employee + 2 or more dep.	\$ 156.92			\$ 156.92		
Domestic Partner - City Affidavit	\$ 55.80			\$ 55.80		
<u>DeltaCare USA (DMO)</u>						
Single Employee	\$ 27.86			\$ 27.86		
Employee + 1 dependent	\$ 52.92			\$ 52.92		
Employee + 2 or more dep.	\$ 70.44			\$ 70.44		
Domestic Partner - City Affidavit	\$ 25.06			\$ 25.06		
Plan Choices						
	Basic	Enhanced		Basic	Enhanced	
<u>VSP-Vision Services Plan</u>						
Single Employee	\$ 8.44	\$ 13.02		\$ 8.44	\$ 13.02	
Employee + 1 dependent	\$ 12.14	\$ 18.68		\$ 12.14	\$ 18.68	
Employee + 2 or more dep.	\$ 21.72	\$ 33.44		\$ 21.72	\$ 33.44	
Domestic Partner - City Affidavit	\$ 3.70	\$ 5.66		\$ 3.70	\$ 5.66	
<u>Waive Medical Coverage</u>						
Cash-back option**	Variable			Variable		
**Please refer to your Labor Agreement for Cash-Back eligibility						