

**All Labor Groups  
.50 to .79 FTE**

	2022 Monthly Rates			2023 Monthly Rates			2023 Employer Contribution			2023 Employee Cost			2023 Biweekly Employee Cost		
	\$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
<b>Plan Choices</b>															
<b>Kaiser HMO</b>															
Single Employee	\$ 778.82	\$ 767.90	\$ 633.78	\$ 772.08	\$ 761.26	\$ 629.80	\$ 419.00	\$ 419.00	\$ 419.00	\$ 353.08	\$ 342.26	\$ 210.80	\$ 176.54	\$ 171.13	\$ 105.40
Employee + 1 dependent	\$ 1,557.64	\$ 1,535.80	\$ 1,267.54	\$ 1,544.16	\$ 1,522.52	\$ 1,259.58	\$ 666.50	\$ 666.50	\$ 666.50	\$ 877.66	\$ 856.02	\$ 593.08	\$ 438.83	\$ 428.01	\$ 296.54
Employee + 2 or more dep.	\$ 2,071.66	\$ 2,042.62	\$ 1,685.84	\$ 2,053.74	\$ 2,024.96	\$ 1,675.26	\$ 888.50	\$ 888.50	\$ 888.50	\$ 1,165.24	\$ 1,136.46	\$ 786.76	\$ 582.62	\$ 568.23	\$ 393.38
Domestic Partner - City Affidavit	\$ 778.82	\$ 767.90	\$ 633.76	\$ 772.08	\$ 761.26	\$ 629.78	\$ -	\$ -	\$ -	\$ 772.08	\$ 761.26	\$ 629.78	\$ 386.04	\$ 380.63	\$ 314.89
<b>Western Health Advantage</b>															
Single Employee	\$ 761.62	\$ 746.00	\$ 552.22	\$ 795.42	\$ 779.68	\$ 538.50	\$ 419.00	\$ 419.00	\$ 419.00	\$ 376.42	\$ 360.68	\$ 119.50	\$ 188.21	\$ 180.34	\$ 59.75
Employee + 1 dependent	\$ 1,523.20	\$ 1,491.96	\$ 1,104.40	\$ 1,590.78	\$ 1,559.30	\$ 1,076.96	\$ 666.50	\$ 666.50	\$ 666.50	\$ 924.28	\$ 892.80	\$ 410.46	\$ 462.14	\$ 446.40	\$ 205.23
Employee + 2 or more dep.	\$ 2,025.88	\$ 1,984.34	\$ 1,468.88	\$ 2,115.78	\$ 2,073.92	\$ 1,432.38	\$ 888.50	\$ 888.50	\$ 888.50	\$ 1,227.28	\$ 1,185.42	\$ 543.88	\$ 613.64	\$ 592.71	\$ 271.94
Domestic Partner - City Affidavit	\$ 761.58	\$ 745.96	\$ 552.18	\$ 795.36	\$ 779.62	\$ 538.46	\$ -	\$ -	\$ -	\$ 795.36	\$ 779.62	\$ 538.46	\$ 397.68	\$ 389.81	\$ 269.23
<b>Sutter Health Plus</b>															
Single Employee	\$ 771.70	\$ 743.40	\$ 631.30	\$ 813.80	\$ 783.80	\$ 667.20	\$ 419.00	\$ 419.00	\$ 419.00	\$ 394.80	\$ 364.80	\$ 248.20	\$ 197.40	\$ 182.40	\$ 124.10
Employee + 1 dependent	\$ 1,543.60	\$ 1,487.00	\$ 1,262.60	\$ 1,628.00	\$ 1,568.00	\$ 1,334.40	\$ 666.50	\$ 666.50	\$ 666.50	\$ 961.50	\$ 901.50	\$ 667.90	\$ 480.75	\$ 450.75	\$ 333.95
Employee + 2 or more dep.	\$ 2,054.20	\$ 1,979.00	\$ 1,679.30	\$ 2,167.90	\$ 2,088.20	\$ 1,774.80	\$ 888.50	\$ 888.50	\$ 888.50	\$ 1,279.40	\$ 1,199.70	\$ 886.30	\$ 639.70	\$ 599.85	\$ 443.15
Domestic Partner - City Affidavit	\$ 771.90	\$ 743.60	\$ 631.30	\$ 814.20	\$ 784.20	\$ 667.20	\$ -	\$ -	\$ -	\$ 814.20	\$ 784.20	\$ 667.20	\$ 407.10	\$ 392.10	\$ 333.60
<b>Delta Dental PPO</b>															
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		
<b>DeltaCare USA (DMO)</b>															
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		
<b>Plan Choices</b>															
<b>VSP-Vision Services Plan</b>															
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	
<b>Waive Medical Coverage</b>															
Cash-back option (see below)	\$ 200.00														

**Notes:**

Refer to your labor agreement for cash-back eligibility if waiving City health insurance.