

2023 ACTIVE EMPLOYEE PREMIUM RATES

Plan Choices	2022 Monthly Rates			2023 Monthly Rates		
	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
<u>Kaiser HMO</u>						
Single Employee	\$ 778.82	\$ 767.90	\$ 633.78	\$ 772.08	\$ 761.26	\$ 629.80
Employee + 1 dependent	\$ 1,557.64	\$ 1,535.80	\$ 1,267.54	\$ 1,544.16	\$ 1,522.52	\$ 1,259.58
Employee + 2 or more dep.	\$ 2,071.66	\$ 2,042.62	\$ 1,685.84	\$ 2,053.74	\$ 2,024.96	\$ 1,675.26
Domestic Partner - City Affidavit	\$ 778.82	\$ 767.90	\$ 633.76	\$ 772.08	\$ 761.26	\$ 629.78
<u>Western Health Advantage</u>						
Single Employee	\$ 761.62	\$ 746.00	\$ 552.22	\$ 795.42	\$ 779.68	\$ 538.50
Employee + 1 dependent	\$ 1,523.20	\$ 1,491.96	\$ 1,104.40	\$ 1,590.78	\$ 1,559.30	\$ 1,076.96
Employee + 2 or more dep.	\$ 2,025.88	\$ 1,984.34	\$ 1,468.88	\$ 2,115.78	\$ 2,073.92	\$ 1,432.38
Domestic Partner - City Affidavit	\$ 761.58	\$ 745.96	\$ 552.18	\$ 795.36	\$ 779.62	\$ 538.46
<u>Sutter Health Plus</u>						
Single Employee	\$ 771.70	\$ 743.40	\$ 631.30	\$ 813.80	\$ 783.80	\$ 667.20
Employee + 1 dependent	\$ 1,543.60	\$ 1,487.00	\$ 1,262.60	\$ 1,628.00	\$ 1,568.00	\$ 1,334.40
Employee + 2 or more dep.	\$ 2,054.20	\$ 1,979.00	\$ 1,679.30	\$ 2,167.90	\$ 2,088.20	\$ 1,774.80
Domestic Partner - City Affidavit	\$ 771.90	\$ 743.60	\$ 631.30	\$ 814.20	\$ 784.20	\$ 667.20
<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						