

Annual Cost to Employee	All Labor Groups		
	2023 Employee Cost		
Kaiser HMO	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (791.04)	\$ (920.88)	\$ (2,498.40)
Employee + 1 dependent	\$ 2,533.92	\$ 2,274.24	\$ (881.04)
Employee + 2 or more dep.	\$ 3,320.88	\$ 2,975.52	\$ (1,220.88)
Domestic Partner (City Affidavit)	\$ 9,264.96	\$ 9,135.12	\$ 7,557.36
Western Health Advantage	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (510.96)	\$ (699.84)	\$ (3,594.00)
Employee + 1 dependent	\$ 3,093.36	\$ 2,715.60	\$ (3,072.48)
Employee + 2 or more dep.	\$ 4,065.36	\$ 3,563.04	\$ (4,135.44)
Domestic Partner (City Affidavit)	\$ 9,544.32	\$ 9,355.44	\$ 6,461.52
Sutter Health Plus	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (290.40)	\$ (650.40)	\$ (2,049.60)
Employee + 1 dependent	\$ 3,540.00	\$ 2,820.00	\$ 16.80
Employee + 2 or more dep.	\$ 4,690.80	\$ 3,734.40	\$ (26.40)
Domestic Partner (City Affidavit)	\$ 9,770.40	\$ 9,410.40	\$ 8,006.40
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