

Cost of Coverage
Full-Time Employees (excluding SPOA members)
Effective 1/1/2027

Kaiser Permanente HMO Plan - Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,007.76	\$973.54	\$34.22	\$17.11
Employee + 1	\$1,817.43	\$1,766.49	\$50.94	\$25.47
Employee + Family	\$2,451.21	\$2,353.73	\$97.48	\$48.74
Tier with DPPO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,047.74	\$973.54	\$74.20	\$37.10
Employee + 1	\$1,898.60	\$1,766.49	\$132.11	\$66.05
Employee + Family	\$2,527.21	\$2,353.73	\$173.48	\$86.74

Kaiser Permanente DEDUCTIBLE HMO Plan - Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$881.16	\$881.16	\$0.00	\$0.00
Employee + 1	\$1,589.55	\$1,589.55	\$0.00	\$0.00
Employee + Family	\$2,147.37	\$2,147.37	\$0.00	\$0.00
Tier with DPPO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$921.14	\$921.14	\$0.00	\$0.00
Employee + 1	\$1,670.72	\$1,670.72	\$0.00	\$0.00
Employee + Family	\$2,223.37	\$2,223.37	\$0.00	\$0.00

Kaiser Permanente HDHP Plan - Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$832.11	\$832.11	\$0.00	\$0.00
Employee + 1	\$1,501.25	\$1,501.25	\$0.00	\$0.00
Employee + Family	\$2,029.65	\$2,029.65	\$0.00	\$0.00
Tier with DPPO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$872.09	\$872.09	\$0.00	\$0.00
Employee + 1	\$1,582.42	\$1,582.42	\$0.00	\$0.00
Employee + Family	\$2,105.65	\$2,105.65	\$0.00	\$0.00

Cost of Coverage**Full-Time Employees (excluding SPOA members) Effective 1/1/2027****Sutter Health Plus HMO Plan LG18- Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,384.27	\$973.54	\$410.73	\$205.37
Employee + 1	\$2,495.92	\$1,766.49	\$729.43	\$364.72
Employee + Family	\$3,356.57	\$2,353.73	\$1,002.84	\$501.42
Tier with DPPO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,424.25	\$973.54	\$450.71	\$225.36
Employee + 1	\$2,577.09	\$1,766.49	\$810.60	\$405.30
Employee + Family	\$3,432.57	\$2,353.73	\$1,078.84	\$539.42

Sutter Health Plus Deductible HMO Plan LG24 - Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,136.37	\$973.54	\$162.83	\$81.42
Employee + 1	\$2,049.72	\$1,766.49	\$283.23	\$141.62
Employee + Family	\$2,761.67	\$2,353.73	\$407.94	\$203.97
Tier with DPPO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,176.35	\$973.54	\$202.81	\$101.41
Employee + 1	\$2,130.89	\$1,766.49	\$364.40	\$182.20
Employee + Family	\$2,837.67	\$2,353.73	\$483.94	\$241.97

Sutter Health Plus HDHP Plan HE08 - Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,176.67	\$973.54	\$203.13	\$101.57
Employee + 1	\$2,121.42	\$1,766.49	\$354.93	\$177.47
Employee + Family	\$2,856.57	\$2,353.73	\$502.84	\$251.42
Tier with DPPO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,216.65	\$973.54	\$243.11	\$121.56
Employee + 1	\$2,202.59	\$1,766.49	\$436.10	\$218.05
Employee + Family	\$2,932.57	\$2,353.73	\$578.84	\$289.42

Sutter Health Plus HMO Plan LG22- Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,261.47	\$973.54	\$287.93	\$143.97
Employee + 1	\$2,274.92	\$1,766.49	\$508.43	\$254.22
Employee + Family	\$3,061.87	\$2,353.73	\$708.14	\$354.07
Tier with DPPO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,301.45	\$973.54	\$327.91	\$163.96
Employee + 1	\$2,356.09	\$1,766.49	\$589.60	\$294.80
Employee + Family	\$3,137.87	\$2,353.73	\$784.14	\$392.07

Sutter Health Plus Deductible HMO Plan LG29 - Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,008.77	\$973.54	\$35.23	\$17.62
Employee + 1	\$1,820.02	\$1,766.49	\$53.53	\$26.77
Employee + Family	\$2,455.37	\$2,353.73	\$101.64	\$50.82
Tier with DPPO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,048.75	\$973.54	\$75.21	\$37.61
Employee + 1	\$1,901.19	\$1,766.49	\$134.70	\$67.35
Employee + Family	\$2,531.37	\$2,353.73	\$177.64	\$88.82

Sutter Health Plus HDHP Plan HL12 - Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$880.37	\$880.37	\$0.00	\$0.00
Employee + 1	\$1,588.12	\$1,588.12	\$0.00	\$0.00
Employee + Family	\$2,145.47	\$2,145.47	\$0.00	\$0.00
Tier with DPPO Dental	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$920.35	\$920.35	\$0.00	\$0.00
Employee + 1	\$1,669.29	\$1,669.29	\$0.00	\$0.00
Employee + Family	\$2,221.47	\$2,221.47	\$0.00	\$0.00