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