

Placer County Office of Education  
 2020-2021 Medical Benefit Rates  
 Blue Shield Of California  
 For Employees Who Work or Live Out of the Service Area of Sutter Health, Western Health Advantage, or Kaiser Plan  
 CSEA

Full-Time Employee	1.0% FTE	1.0% FTE	1.0% FTE	1.0% FTE
PCOE Cap for Health & Dental	\$750.00	\$750.00	\$750.00	\$750.00
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Blue Shield Trio HMO</b>	\$723.00	\$1,446.00	\$1,106.00	\$1,699.00
<b>Delta Dental</b>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
	\$848.75	\$1,571.75	\$1,231.75	\$1,824.75
<b>Employee cost with Delta Dental</b>	<b>\$98.75</b>	<b>\$821.75</b>	<b>\$481.75</b>	<b>\$1,074.75</b>
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$696.00</i>	<i>\$356.00</i>	<i>\$949.00</i>
<b>Blue Shield PPO High Deductible</b>	\$661.00	\$1,321.00	\$1,011.00	\$1,552.00
<b>Delta Dental</b>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
<b>(\$2,700 Individual / \$5,200 Family deductible)</b>	\$786.75	\$1,446.75	\$1,136.75	\$1,677.75
<b>Employee cost with Delta Dental</b>	<b>\$36.75</b>	<b>\$696.75</b>	<b>\$386.75</b>	<b>\$927.75</b>
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$571.00</i>	<i>\$261.00</i>	<i>\$802.00</i>
<b>Blue Shield PPO High Deductible</b>	\$606.00	\$1,208.00	\$925.00	\$1,419.00
<b>Delta Dental</b>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
<b>(\$4,000 Individual / \$8,000 Family deductible)</b>	\$731.75	\$1,333.75	\$1,050.75	\$1,544.75
<b>Employee cost with Delta Dental</b>	<b>\$0.00</b>	<b>\$583.75</b>	<b>\$300.75</b>	<b>\$794.75</b>
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$458.00</i>	<i>\$175.00</i>	<i>\$669.00</i>

\*\*Vision Service Plan (VSP) is paid by PCOE outside of the medical cap based on FTE