

Placer County Office of Education  
 2020-2021 Medical Benefit Rates  
 For Employees Who Work or Live Out of the Service Area of Sutter Health Plus, Western Health Advantage, or Kaiser Plan  
 PACE/CTA, Management, Confidential Unrepresented

Full-Time Employee	1.0% FTE	1.0% FTE	1.0% FTE	1.0% FTE
PCOE Cap for Health & Dental	\$750.00	\$834.00	\$834.00	\$834.00
	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>\$737.75</b>	<b>\$397.75</b>	<b>\$990.75</b>
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$612.00</i>	<i>\$272.00</i>	<i>\$865.00</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>\$612.75</b>	<b>\$302.75</b>	<b>\$843.75</b>
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$487.00</i>	<i>\$177.00</i>	<i>\$718.00</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>\$499.75</b>	<b>\$216.75</b>	<b>\$710.75</b>
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$374.00</i>	<i>\$91.00</i>	<i>\$585.00</i>

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