

**Placer County Office of Education  
2020-2021 Medical Benefit Rates  
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>**Sutter Health Plus HMO</b>	\$843.00	\$1,685.00	\$1,281.00	\$1,980.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
	\$968.75	\$1,810.75	\$1,406.75	\$2,105.75
Employee cost with Delta Dental	\$218.75	\$1,060.75	\$656.75	\$1,355.75
Employee cost opting out of Delta Dental	\$93.00	\$935.00	\$531.00	\$1,230.00
<b>**Sutter Health Plus HMO High Deductible</b>	\$601.00	\$1,199.00	\$912.00	\$1,408.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
(\$1,500 Individual / \$3,000 Family deductible)	\$726.75	\$1,324.75	\$1,037.75	\$1,533.75
Employee cost with Delta Dental	\$0.00	\$574.75	\$287.75	\$783.75
Employee cost opting out of Delta Dental	\$0.00	\$449.00	\$162.00	\$658.00
<b>**Sutter Health Plus HMO High Deductible</b>	\$532.00	\$1,062.00	\$808.00	\$1,247.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
(\$2,500 Individual / \$5,000 Family deductible)	\$657.75	\$1,187.75	\$933.75	\$1,372.75
Employee cost with Delta Dental	\$0.00	\$437.75	\$183.75	\$622.75
Employee cost opting out of Delta Dental	\$0.00	\$312.00	\$58.00	\$497.00
<b>**Western Health Advantage HMO</b>	\$770.00	\$1,539.00	\$1,170.00	\$1,808.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
	\$895.75	\$1,664.75	\$1,295.75	\$1,933.75
Employee cost with Delta Dental	\$145.75	\$914.75	\$545.75	\$1,183.75
Employee cost opting out of Delta Dental	\$20.00	\$789.00	\$420.00	\$1,058.00
<b>**Western Health Advantage HMO High Deductible</b>	\$580.00	\$1,156.00	\$877.00	\$1,350.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
(\$1,800 Individual / \$3,600 Family deductible)	\$705.75	\$1,281.75	\$1,002.75	\$1,475.75
Employee cost with Delta Dental	\$0.00	\$531.75	\$252.75	\$725.75
Employee cost opting out of Delta Dental	\$0.00	\$406.00	\$127.00	\$600.00
<b>**Western Health Advantage HMO High Deductible</b>	\$492.00	\$981.00	\$744.00	\$1,144.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
(\$2,800 Individual / \$5,600 Family deductible)	\$617.75	\$1,106.75	\$869.75	\$1,269.75
Employee cost with Delta Dental	\$0.00	\$356.75	\$119.75	\$519.75
Employee cost opting out of Delta Dental	\$0.00	\$231.00	\$0.00	\$394.00

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<b>Traditional Kaiser \$20 2/chiro &amp; vision included</b>	\$823.00	\$1,645.00	\$1,250.00	\$1,932.00
<b>Delta Dental</b>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
	\$948.75	\$1,770.75	\$1,375.75	\$2,057.75
<b>Employee cost with Delta Dental</b>	<b>\$198.75</b>	<b>\$1,020.75</b>	<b>\$625.75</b>	<b>\$1,307.75</b>
<i>Employee cost opting out of Delta Dental</i>	<i>\$73.00</i>	<i>\$895.00</i>	<i>\$500.00</i>	<i>\$1,182.00</i>
<b>**Kaiser High Deductible</b>	\$565.00	\$1,127.00	\$858.00	\$1,324.00
<b>Delta Dental</b>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
<b>(\$2,000 Individual / \$4,000 Family deductible)</b>	\$690.75	\$1,252.75	\$983.75	\$1,449.75
<b>Employee cost with Delta Dental</b>	<b>\$0.00</b>	<b>\$502.75</b>	<b>\$233.75</b>	<b>\$699.75</b>
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$377.00</i>	<i>\$108.00</i>	<i>\$574.00</i>

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