

Placer County Office of Education
2020-2021 Medical Benefit Rates
Management, Confidential, PACE/CTA and 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 |
| **Sutter Health Plus HMO | \$843.00 | \$1,685.00 | \$1,281.00 | \$1,980.00 |
| Delta Dental | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> |
| | \$968.75 | \$1,810.75 | \$1,406.75 | \$2,105.75 |
| Employee cost with Delta Dental | \$218.75 | \$976.75 | \$572.75 | \$1,271.75 |
| Employee cost opting out of Delta Dental | \$93.00 | \$851.00 | \$447.00 | \$1,146.00 |
| **Sutter Health Plus HMO High Deductible | \$601.00 | \$1,199.00 | \$912.00 | \$1,408.00 |
| Delta Dental | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> |
| (\$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 | \$490.75 | \$203.75 | \$699.75 |
| Employee cost opting out of Delta Dental | \$0.00 | \$365.00 | \$78.00 | \$574.00 |
| **Sutter Health Plus HMO High Deductible | \$532.00 | \$1,062.00 | \$808.00 | \$1,247.00 |
| Delta Dental | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> |
| (\$2,500 Individual / \$5,000 Family deductible) | \$657.75 | \$1,187.75 | \$933.75 | \$1,372.75 |
| Employee cost with Delta Dental | \$0.00 | \$353.75 | \$99.75 | \$538.75 |
| Employee cost opting out of Delta Dental | \$0.00 | \$228.00 | \$0.00 | \$413.00 |
| **Western Health Advantage HMO | \$770.00 | \$1,539.00 | \$1,170.00 | \$1,808.00 |
| Delta Dental | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> |
| | \$895.75 | \$1,664.75 | \$1,295.75 | \$1,933.75 |
| Employee cost with Delta Dental | \$145.75 | \$830.75 | \$461.75 | \$1,099.75 |
| Employee cost opting out of Delta Dental | \$0.00 | \$705.00 | \$336.00 | \$974.00 |
| **Western Health Advantage HMO High Deductible | \$580.00 | \$1,156.00 | \$877.00 | \$1,350.00 |
| Delta Dental | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> |
| (\$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 | \$447.75 | \$168.75 | \$641.75 |
| Employee cost opting out of Delta Dental | \$0.00 | \$322.00 | \$43.00 | \$516.00 |
| **Western Health Advantage HMO High Deductible | \$492.00 | \$981.00 | \$744.00 | \$1,144.00 |
| Delta Dental | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> |
| (\$2,800 Individual / \$5,600 Family deductible) | \$617.75 | \$1,106.75 | \$869.75 | \$1,269.75 |

Placer County Office of Education
2020-2021 Medical Benefit Rates
Management, Confidential, PACE/CTA and Unrepresented

| | | | | |
|---|---------------|-----------------|----------------|-----------------|
| Employee cost with Delta Dental | \$0.00 | \$272.75 | \$35.75 | \$435.75 |
| <i>Employee cost opting out of Delta Dental</i> | <i>\$0.00</i> | <i>\$147.00</i> | <i>\$0.00</i> | <i>\$310.00</i> |

Placer County Office of Education
 2020-2021 Medical Benefit Rates
 Management, Confidential, PACE/CTA and Unrepresented

| | | | | |
|--|-----------------|-----------------|-----------------|-------------------|
| Traditional Kaiser HMO \$20 (w/Chiro & Optical) | \$823.00 | \$1,645.00 | \$1,250.00 | \$1,932.00 |
| Delta Dental | <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 |
| Employee cost with Delta Dental | \$198.75 | \$936.75 | \$541.75 | \$1,223.75 |
| <i>Employee cost opting out of Delta Dental</i> | <i>\$73.00</i> | <i>\$811.00</i> | <i>\$416.00</i> | <i>\$1,098.00</i> |
| **Kaiser High Deductible | \$565.00 | \$1,127.00 | \$858.00 | \$1,324.00 |
| Delta Dental | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> | <u>\$125.75</u> |
| (\$2,000 Individual / \$4,000 Family deductible) | \$690.75 | \$1,252.75 | \$983.75 | \$1,449.75 |
| Employee cost with Delta Dental | \$0.00 | \$418.75 | \$149.75 | \$615.75 |
| <i>Employee cost opting out of Delta Dental</i> | <i>\$0.00</i> | <i>\$293.00</i> | <i>\$24.00</i> | <i>\$490.00</i> |

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