

Placer County Office of Education

2021-2022 Medical Benefit Rates

For Employees who work or live out of the service area of Sutter Health Plus, Western Health Advantage, or Kaiser Plan

Full-Time Employee	1.0% FTE	CSEA			
		1.0% FTE	1.0% FTE	1.0% FTE	
PCOE Cap for Health & Dental	\$750.00	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
		Blue Shield Trio HMO	\$756.00	\$1,512.00	\$1,156.00
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	
	\$881.75	\$1,637.75	\$1,281.75	\$1,901.75	
Employee cost with Delta Dental	\$131.75	\$887.75	\$531.75	\$1,151.75	
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$762.00</i>	<i>\$406.00</i>	<i>\$1,026.00</i>	
Blue Shield PPO High Deductible	\$691.00	\$1,382.00	\$1,057.00	\$1,623.00	
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	
(\$2,700 Individual / \$5,200 Family deductible)	\$816.75	\$1,507.75	\$1,182.75	\$1,748.75	
Employee cost with Delta Dental	\$66.75	\$757.75	\$432.75	\$998.75	
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$632.00</i>	<i>\$307.00</i>	<i>\$873.00</i>	
Blue Shield PPO High Deductible	\$633.00	\$1,264.00	\$967.00	\$1,484.00	
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	
(\$4,000 Individual / \$8,000 Family deductible)	\$758.75	\$1,389.75	\$1,092.75	\$1,609.75	
Employee cost with Delta Dental	\$8.75	\$639.75	\$342.75	\$859.75	
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$514.00</i>	<i>\$217.00</i>	<i>\$734.00</i>	

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