

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
Blue Shield Trio HMO	\$756.00	\$1,512.00	\$1,156.00	\$1,776.00
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	\$803.75	\$447.75	\$1,067.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$678.00</i>	<i>\$322.00</i>	<i>\$942.00</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	\$673.75	\$348.75	\$914.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$548.00</i>	<i>\$223.00</i>	<i>\$789.00</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	\$555.75	\$258.75	\$775.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$430.00</i>	<i>\$133.00</i>	<i>\$650.00</i>

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