

Placer County Office of Education
2021 - 2022
CSEA

Full-Time Employee PCOE Cap for Health & Dental	1.0% FTE \$750.00	1.0% FTE \$750.00	1.0% FTE \$750.00	1.0% FTE \$750.00
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
**Sutter Health Plus HMO (\$25 Office Visit)	\$854.00	\$1,707.00	\$1,297.00	\$2,006.00
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
	\$979.75	\$1,832.75	\$1,422.75	\$2,131.75
Employee cost with Delta Dental	\$229.75	\$1,082.75	\$672.75	\$1,381.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$104.00</i>	<i>\$957.00</i>	<i>\$547.00</i>	<i>\$1,256.00</i>
**Sutter Health Plus HMO High Deductible	\$615.00	\$1,226.00	\$932.00	\$1,440.00
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)	\$740.75	\$1,351.75	\$1,057.75	\$1,565.75
Employee cost with Delta Dental	\$0.00	\$601.75	\$307.75	\$815.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$476.00</i>	<i>\$182.00</i>	<i>\$690.00</i>
**Sutter Health Plus HMO High Deductible	\$545.00	\$1,086.00	\$826.00	\$1,275.00
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)	\$670.75	\$1,211.75	\$951.75	\$1,400.75
Employee cost with Delta Dental	\$0.00	\$461.75	\$201.75	\$650.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$336.00</i>	<i>\$76.00</i>	<i>\$525.00</i>
**Western Health Advantage HMO (\$25 Office Visit)	\$758.00	\$1,515.00	\$1,152.00	\$1,780.00
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
	\$883.75	\$1,640.75	\$1,277.75	\$1,905.75
Employee cost with Delta Dental	\$133.75	\$890.75	\$527.75	\$1,155.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$8.00</i>	<i>\$765.00</i>	<i>\$402.00</i>	<i>\$1,030.00</i>
**Western Health Advantage HMO High Deductible	\$574.00	\$1,145.00	\$868.00	\$1,337.00
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)	\$699.75	\$1,270.75	\$993.75	\$1,462.75
Employee cost with Delta Dental	\$0.00	\$520.75	\$243.75	\$712.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$395.00</i>	<i>\$118.00</i>	<i>\$587.00</i>
**Western Health Advantage HMO High Deductible	\$487.00	\$972.00	\$737.00	\$1,133.00
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)	\$612.75	\$1,097.75	\$862.75	\$1,258.75
Employee cost with Delta Dental	\$0.00	\$347.75	\$112.75	\$508.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$222.00</i>	<i>\$0.00</i>	<i>\$383.00</i>
Traditional Kaiser \$25 w/chiro & vision included	\$888.00	\$1,775.00	\$1,349.00	\$2,086.00
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
	\$1,013.75	\$1,900.75	\$1,474.75	\$2,211.75
Employee cost with Delta Dental	\$263.75	\$1,150.75	\$724.75	\$1,461.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$138.00</i>	<i>\$1,025.00</i>	<i>\$599.00</i>	<i>\$1,336.00</i>
**Kaiser High Deductible	\$617.00	\$1,230.00	\$936.00	\$1,445.00
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)	\$742.75	\$1,355.75	\$1,061.75	\$1,570.75
Employee cost with Delta Dental	\$0.00	\$605.75	\$311.75	\$820.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$480.00</i>	<i>\$186.00</i>	<i>\$695.00</i>

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