

Placer County Office of Education
2021-2022 Medical Benefit Rates
Management, Confidential, PACE/CTA and Unrepresented

Full-Time Employee PCOE Cap for Health & Dental	1.0% FTE \$750.00	1.0% FTE \$834.00	1.0% FTE \$834.00	1.0% FTE \$834.00
	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	\$125.75	\$125.75	\$125.75	\$125.75
	\$979.75	\$1,832.75	\$1,422.75	\$2,131.75
Employee cost with Delta Dental	\$229.75	\$998.75	\$588.75	\$1,297.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$104.00</i>	<i>\$873.00</i>	<i>\$463.00</i>	<i>\$1,172.00</i>
**Sutter Health Plus HMO High Deductible	\$615.00	\$1,226.00	\$932.00	\$1,440.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
(\$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	\$517.75	\$223.75	\$731.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$392.00</i>	<i>\$98.00</i>	<i>\$606.00</i>
**Sutter Health Plus HMO High Deductible	\$545.00	\$1,086.00	\$826.00	\$1,275.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
(\$2,500 Individual / \$5,000 Family deductible)	\$670.75	\$1,211.75	\$951.75	\$1,400.75
Employee cost with Delta Dental	\$0.00	\$377.75	\$117.75	\$566.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$252.00</i>	<i>\$0.00</i>	<i>\$441.00</i>
**Western Health Advantage HMO (\$25 Office Visit)	\$758.00	\$1,515.00	\$1,152.00	\$1,780.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
	\$883.75	\$1,640.75	\$1,277.75	\$1,905.75
Employee cost with Delta Dental	\$133.75	\$806.75	\$443.75	\$1,071.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$8.00</i>	<i>\$681.00</i>	<i>\$318.00</i>	<i>\$946.00</i>
**Western Health Advantage HMO High Deductible	\$574.00	\$1,145.00	\$868.00	\$1,337.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
(\$1,800 Individual / \$3,600 Family deductible)	\$699.75	\$1,270.75	\$993.75	\$1,462.75
Employee cost with Delta Dental	\$0.00	\$436.75	\$159.75	\$628.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$311.00</i>	<i>\$34.00</i>	<i>\$503.00</i>
**Western Health Advantage HMO High Deductible	\$487.00	\$972.00	\$737.00	\$1,133.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
(\$2,800 Individual / \$5,600 Family deductible)	\$612.75	\$1,097.75	\$862.75	\$1,258.75
Employee cost with Delta Dental	\$0.00	\$263.75	\$28.75	\$424.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$138.00</i>	<i>\$0.00</i>	<i>\$299.00</i>
Traditional Kaiser HMO \$25 (w/Chiro & Optical)	\$888.00	\$1,775.00	\$1,349.00	\$2,086.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
	\$1,013.75	\$1,900.75	\$1,474.75	\$2,211.75
Employee cost with Delta Dental	\$263.75	\$1,066.75	\$640.75	\$1,377.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$138.00</i>	<i>\$941.00</i>	<i>\$515.00</i>	<i>\$1,252.00</i>
**Kaiser High Deductible	\$617.00	\$1,230.00	\$936.00	\$1,445.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
(\$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	\$521.75	\$227.75	\$736.75
<i>Employee cost opting out of Delta Dental</i>	<i>\$0.00</i>	<i>\$396.00</i>	<i>\$102.00</i>	<i>\$611.00</i>

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