

**2025-2026 Medical Benefit Rates
Management, Non-Represented, Confidential & Pathways**

Blue Shield

(All Employees who live/work outside the service area of all offered PCOE service plans (Kaiser, Western Health, Sutter))

| Full-Time Employee PCOE CAP Employee & Dependents | 1.0% FTE \$823.00 Employee Only | 1.0% FTE \$1,048.00 Employee + Spouse | 1.0% FTE \$1,048.00 Employee + Child(ren) | 1.0% FTE \$1,048.00 Employee + Family |
|---|---------------------------------------|---|---|---|
| Trio HMO w/Chiro | \$1,323.00 | \$2,646.00 | \$2,024.00 | \$3,109.00 |
| Delta Dental | \$125.75 | \$125.75 | \$125.75 | \$125.75 |
| Total Cost without Employee Cap | \$1,448.75 | \$2,771.75 | \$2,149.75 | \$3,234.75 |
| Employee cost with Cap & Delta Dental | \$625.75 | \$1,723.75 | \$1,101.75 | \$2,186.75 |
| Employee cost with Cap & without Delta Dental | \$500.00 | \$1,598.00 | \$976.00 | \$2,061.00 |
| PPO High Deductible with HSA Option (\$2,700 Individual / \$3,300 Individual Family Member / \$5,200 Family) | \$876.00 | \$1,754.00 | \$1,341.00 | \$2,061.00 |
| Delta Dental | \$125.75 | \$125.75 | \$125.75 | \$125.75 |
| Total Cost without Employee Cap | \$1,001.75 | \$1,879.75 | \$1,466.75 | \$2,186.75 |
| Employee cost with Cap & Delta Dental | \$178.75 | \$831.75 | \$418.75 | \$1,138.75 |
| Employee cost with Cap & without Delta Dental | \$53.00 | \$706.00 | \$293.00 | \$1,013.00 |
| PPO High Deductible with HSA Option (\$4,400 Individual / \$4,400 Individual Family Member / \$8,800 Family) | \$791.00 | \$1,582.00 | \$1,210.00 | \$1,859.00 |
| Delta Dental | \$125.75 | \$125.75 | \$125.75 | \$125.75 |
| Total Cost without Employee Cap | \$916.75 | \$1,707.75 | \$1,335.75 | \$1,984.75 |
| Employee cost with Delta Dental | \$93.75 | \$659.75 | \$287.75 | \$936.75 |
| Employee cost opting out of Delta Dental | \$0.00 | \$534.00 | \$162.00 | \$811.00 |

Notes & Reminders

Vision Service Plan (VSP) paid by PCOE outside of medical cap based on FTE
Any High Deductible Plan qualifies employee for an Health Savings Account (HSA)
Employee who takes Medical qualifies immediate family for Vision and/or Dental *regardless of plan*
CAP = Amount PCOE will pay towards your benefit package for Health & Dental
1.0 FTE receive full CAP Amount. Part time employees receive prorated CAP amount
Totals represent a 12 month employee regarding monthly deductions