

## 2025-2026 CSEA & PACE Medical Benefit Rates

### Kaiser Permanente

| Full-Time Employee<br>PCOE CAP<br>Employee & Dependents   | 1.0% FTE<br>\$823.00<br>Employee Only | 1.0% FTE<br>\$966.00<br>Employee + Spouse | 1.0% FTE<br>\$966.00<br>Employee + Child(ren) | 1.0% FTE<br>\$966.00<br>Employee + Family |
|---|---------------------------------------|---|---|---|
| <b>HMO w/Chiro &amp; Optical</b>  | \$1,152.00                            | \$2,303.00                                | \$1,750.00                                    | \$2,706.00                                |
| Delta Dental  | <u>\$125.75</u>                       | <u>\$125.75</u>                           | <u>\$125.75</u>                               | <u>\$125.75</u>                           |
| Total Cost without Employee Cap   | \$1,277.75                            | \$2,428.75                                | \$1,875.75                                    | \$2,831.75                                |
| Employee cost with Cap & Delta Dental   | <b>\$454.75</b>                       | <b>\$1,462.75</b>                         | <b>\$909.75</b>                               | <b>\$1,865.75</b>                         |
| Employee cost with Cap & without Delta Dental   | <b>\$329.00</b>                       | <b>\$1,337.00</b>                         | <b>\$784.00</b>                               | <b>\$1,740.00</b>                         |
| <b>DHMO 1000 \$10/\$30/20% RX w/Chiro &amp; Optical</b><br><b>(Hospital Only Deductible w/ <u>No HSA</u>)</b>                 | \$1,052.00                            | \$2,104.00                                | \$1,599.00                                    | \$2,472.00                                |
| Delta Dental  | <u>\$125.75</u>                       | <u>\$125.75</u>                           | <u>\$125.75</u>                               | <u>\$125.75</u>                           |
| Total Cost without Employee Cap   | \$1,177.75                            | \$2,229.75                                | \$1,724.75                                    | \$2,597.75                                |
| Employee cost with Cap & Delta Dental   | <b>\$354.75</b>                       | <b>\$1,263.75</b>                         | <b>\$758.75</b>                               | <b>\$1,631.75</b>                         |
| Employee cost with Cap & without Delta Dental   | <b>\$229.00</b>                       | <b>\$1,138.00</b>                         | <b>\$633.00</b>                               | <b>\$1,506.00</b>                         |
| <b>HMO High Deductible with HSA Option</b><br><b>(\$2,000 Individual / \$3,300 Individual Family Member / \$4,000 Family)</b> | \$827.00                              | \$1,654.00                                | \$1,257.00                                    | \$1,944.00                                |
| Delta Dental  | <u>\$125.75</u>                       | <u>\$125.75</u>                           | <u>\$125.75</u>                               | <u>\$125.75</u>                           |
| Total Cost without Employee Cap   | \$952.75                              | \$1,779.75                                | \$1,382.75                                    | \$2,069.75                                |
| Employee cost with Cap & Delta Dental   | <b>\$129.75</b>                       | <b>\$813.75</b>                           | <b>\$416.75</b>                               | <b>\$1,103.75</b>                         |
| Employee cost with Cap & without Delta Dental   | <b>\$4.00</b>                         | <b>\$688.00</b>                           | <b>\$291.00</b>                               | <b>\$978.00</b>                           |
| <b>HMO High Deductible with HSA Option</b><br><b>(\$3,000 Individual / \$3,300 Individual Family Member / \$6,000 Family)</b> | \$709.00                              | \$1,418.00                                | \$1,078.00                                    | \$1,666.00                                |
| Delta Dental  | <u>\$125.75</u>                       | <u>\$125.75</u>                           | <u>\$125.75</u>                               | <u>\$125.75</u>                           |
| Total Cost without Employee Cap   | \$834.75                              | \$1,543.75                                | \$1,203.75                                    | \$1,791.75                                |
| Employee cost with Cap & Delta Dental   | <b>\$11.75</b>                        | <b>\$577.75</b>                           | <b>\$237.75</b>                               | <b>\$825.75</b>                           |
| Employee cost with Cap & without Delta Dental   | <b>\$0.00</b>                         | <b>\$452.00</b>                           | <b>\$112.00</b>                               | <b>\$700.00</b>                           |

#### 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