

2025-2026 CSEA & PACE Medical Benefit Rates

Sutter Health Plus

Full-Time Employee PCOE CAP Employee & Dependents	1.0% FTE \$823.00 Employee Only	1.0% FTE \$966.00 Employee + Spouse	1.0% FTE \$966.00 Employee + Child(ren)	1.0% FTE \$966.00 Employee + Family
HMO w/Chiro	\$1,074.00	\$2,147.00	\$1,631.00	\$2,522.00
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
Total Cost without Employee Cap	\$1,199.75	\$2,272.75	\$1,756.75	\$2,647.75
Employee cost with Cap & Delta Dental	\$376.75	\$1,306.75	\$790.75	\$1,681.75
Employee cost with Cap & without Delta Dental	\$251.00	\$1,181.00	\$665.00	\$1,556.00
DHMO Peak 1000 w/Chiro (Hospital only Deductible w/ <u>No</u> HSA)	\$860.00	\$1,718.00	\$1,305.00	\$2,018.00
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
Total Cost without Employee Cap	\$985.75	\$1,843.75	\$1,430.75	\$2,143.75
Employee cost with Cap & Delta Dental	\$162.75	\$877.75	\$464.75	\$1,177.75
Employee cost with Cap & without Delta Dental	\$37.00	\$752.00	\$339.00	\$1,052.00
Vista HMO High Deductible with HSA Option (\$1,650 Individual / \$3,300 Individual Family Member / \$3,300 Family)	\$801.00	\$1,601.00	\$1,216.00	\$1,880.00
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
Total Cost without Employee Cap	\$926.75	\$1,726.75	\$1,341.75	\$2,005.75
Employee cost with Cap & Delta Dental	\$103.75	\$760.75	\$375.75	\$1,039.75
Employee cost with Cap & without Delta Dental	\$0.00	\$635.00	\$250.00	\$914.00
Vista HMO High Deductible with HSA Option (\$2,500 Individual / \$3,300 Individual Family Member/ \$5,000 Family)	\$710.00	\$1,418.00	\$1,077.00	\$1,665.00
Delta Dental	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>	<u>\$125.75</u>
Total Cost without Employee Cap	\$835.75	\$1,543.75	\$1,202.75	\$1,790.75
Employee cost with Cap & Delta Dental	\$12.75	\$577.75	\$236.75	\$824.75
Employee cost with Cap & without Delta Dental	\$0.00	\$452.00	\$111.00	\$699.00

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