

## 2025-2026 CSEA & PACE Medical Benefit Rates

### Western Health Advantage

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
<b>HMO w/ Chiro</b>	\$938.00	\$1,876.00	\$1,426.00	\$2,204.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
Total Cost without Employee Cap	\$1,063.75	\$2,001.75	\$1,551.75	\$2,329.75
Employee cost with Cap & Delta Dental	\$240.75	\$1,035.75	\$585.75	\$1,363.75
Employee cost with Cap & without Delta Dental	\$115.00	\$910.00	\$460.00	\$1,238.00
<b>DHMO 1000/20/20% w/Chiro (Hospital only Deductible w/ No HSA)</b>	\$716.00	\$1,432.00	\$1,089.00	\$1,683.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
Total Cost without Employee Cap	\$841.75	\$1,557.75	\$1,214.75	\$1,808.75
Employee cost with Cap & Delta Dental	\$18.75	\$591.75	\$248.75	\$842.75
Employee cost with Cap & without Delta Dental	\$0.00	\$466.00	\$123.00	\$717.00
<b>HMO High Deductible with HSA Option (\$1,800 Individual / \$3,300 Individual Family Member/ \$3,600 Family)</b>	\$685.00	\$1,369.00	\$1,040.00	\$1,608.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
Total Cost without Employee Cap	\$810.75	\$1,494.75	\$1,165.75	\$1,733.75
Employee cost with Cap & Delta Dental	\$0.00	\$528.75	\$199.75	\$767.75
Employee cost with Cap & without Delta Dental	\$0.00	\$403.00	\$74.00	\$642.00
<b>HMO High Deductible with HSA Option (\$2,800 Individual / \$3,300 Individual Family Member / \$5,600 Family)</b>	\$594.00	\$1,188.00	\$903.00	\$1,396.00
Delta Dental	\$125.75	\$125.75	\$125.75	\$125.75
Total Cost without Employee Cap	\$719.75	\$1,313.75	\$1,028.75	\$1,521.75
Employee cost with Cap & Delta Dental	\$0.00	\$347.75	\$62.75	\$555.75
Employee cost with Cap & without Delta Dental	\$0.00	\$222.00	\$0.00	\$430.00

#### 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