CLASSIFIED AND MANAGEMENT EMPLOYEES
2025 - 2026 RATES
EFFECTIVE 10/1/25

2025-2026 CAP APPLIED

VOL DED	POLICY NUMBER	DELTA INCENTIVE 7073-8198	DELTA PREFERRED PROVIDER 7073-8398	SISC DENTAL HEALTH NETWORK 4D001A 10157BA
KAISER PERMANENTE	**234480-0002ALN**	1,596.00	1,596.00	1,596.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	2533010157ALN	21.50	21.50	21.50
	PLAN TOTAL	**1,715.25**	**1,731.85**	**1,717.25**
	***MAXIMUM PD BY OFFICE**	**1,731.85**	**1,731.85**	**1,731.85**
	(WITH VSP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
XP HEALTH VISION	10157AALN / 10157AAMN	23.60	23.60	23.60
	PLAN TOTAL	**1,717.35**	**1,733.95**	**1,719.35**
	(WITH XP) COST TO EMPLOYEE	**0.00**	**2.10**	**0.00**
ANTHEM - CLASSIC PPO	**40098-H & 40097-A**	1,513.00	1,513.00	1,513.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	2533010157ALN	21.50	21.50	21.50
	PLAN TOTAL	**1,632.25**	**1,648.85**	**1,634.25**
80G $20; 500/1,000 2,000/4,000 9/35	***MAXIMUM PD BY OFFICE**	**1,731.85**	**1,731.85**	**1,731.85**
	(WITH VSP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
XP HEALTH VISION	10157AALN / 10157AAMN	23.60	23.60	23.60
	PLAN TOTAL	**1,634.35**	**1,650.95**	**1,636.35**
	(WITH XP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
ANTHEM - BUY UP # 1	**40717-A & 40097-C**	1,632.00	1,632.00	1,632.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	2533010157ALN	21.50	21.50	21.50
	PLAN TOTAL	**1,751.25**	**1,767.85**	**1,753.25**
80E $20; 300/6000 1,000/3,000 7/25	***MAXIMUM PD BY OFFICE**	**1,731.85**	**1,731.85**	**1,731.85**
	(WITH VSP) COST TO EMPLOYEE	**19.40**	**36.00**	**21.40**
XP HEALTH VISION	10157AALN / 10157AAMN	23.60	23.60	23.60
	PLAN TOTAL	**1,753.35**	**1,769.95**	**1,755.35**
	(WITH XP) COST TO EMPLOYEE	**21.50**	**38.10**	**23.50**
ANTHEM - BUY UP # 2	**40084-A & 40097-B**	1,830.00	1,830.00	1,830.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	2533010157ALN	21.50	21.50	21.50
	PLAN TOTAL	**1,949.25**	**1,965.85**	**1,951.25**
90D $10; 200/5000 1,000/3,000 5/20	***MAXIMUM PD BY OFFICE**	**1,731.85**	**1,731.85**	**1,731.85**
	(WITH VSP) COST TO EMPLOYEE	**217.40**	**234.00**	**219.40**
XP HEALTH VISION	10157AALN / 10157AAMN	23.60	23.60	23.60
	PLAN TOTAL	**1,951.35**	**1,967.95**	**1,953.35**
	(WITH XP) COST TO EMPLOYEE	**219.50**	**236.10**	**221.50**
SISC Proactive Plan	**M008 & M009**	1,513.00	1,513.00	1,513.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	2533010157ALN	21.50	21.50	21.50
	PLAN TOTAL	**1,632.25**	**1,648.85**	**1,634.25**
90D $10; 200/5000 1,000/3,000 5/20	***MAXIMUM PD BY OFFICE**	**1,731.85**	**1,731.85**	**1,731.85**
	(WITH VSP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
XP HEALTH VISION	10157AALN / 10157AAMN	23.60	23.60	23.60
	PLAN TOTAL	**1,634.35**	**1,650.95**	**1,636.35**
	(WITH XP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
HSA $5000 (WAS MINIMUM VALUE)	**40097-F & 40097-D**	1,049.00	1,049.00	1,049.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	2533010157ALN	21.50	21.50	21.50
	PLAN TOTAL	**1,168.25**	**1,184.85**	**1,170.25**
	***MAXIMUM PD BY OFFICE**	**1,731.85**	**1,731.85**	**1,731.85**
	(WITH VSP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
XP HEALTH VISION	10157AALN / 10157AAMN	23.60	23.60	23.60
	PLAN TOTAL	**1,170.35**	**1,186.95**	**1,172.35**
	(WITH XP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
CALIFORNIA CARE - ANTHEM HMO	**57AGV-D**	1,669.00	1,669.00	1,669.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	2533010157ALN	21.50	21.50	21.50
	PLAN TOTAL	**1,788.25**	**1,804.85**	**1,790.25**
	***MAXIMUM PD BY OFFICE**	**1,731.85**	**1,731.85**	**1,731.85**
	(WITH VSP) COST TO EMPLOYEE	**56.40**	**73.00**	**58.40**
XP HEALTH VISION	10157AALN / 10157AAMN	23.60	23.60	23.60
	PLAN TOTAL	**1,790.35**	**1,806.95**	**1,792.35**
	(WITH XP) COST TO EMPLOYEE	**58.50**	**75.10**	**60.50**
G:VANESSA/RATES/RATES 25-26				