CERTIFICATED EMPLOYEES
2025 / 2026 RATES
EFFECTIVE 10/01/25

2025-2026 CAP APPLIED

VOL DED	POLICY NUMBER	DELTA INCENTIVE 7073-8598	DELTA PREFERRED PROVIDER 7073-8398	SISC DENTAL HEALTH NETWORK 4D001A 10157BA
KAISER PERMANENTE	**234480-0001ACN**	1,622.00	1,622.00	1,622.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	253310157ACN	21.50	21.50	21.50
	PLAN TOTAL	**1,741.25**	**1,757.85**	**1,743.25**
	***MAXIMUM PD BY OFFICE**	**1,757.85**	**1,757.85**	**1,757.85**
	(WITH VSP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
XP HEALTH VISION	10157AACN	23.60	23.60	23.60
	PLAN TOTAL	**1,743.35**	**1,759.95**	**1,745.35**
	(WITH XP) COST TO EMPLOYEE	**0.00**	**2.10**	**0.00**
ANTHEM - OFFICE PLAN	**40097-H**	1,568.00	1,568.00	1,568.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	253310157ACN	21.50	21.50	21.50
	PLAN TOTAL	**1,687.25**	**1,703.85**	**1,689.25**
80E $20; 300/600 1,000/3,000 $200 10/35	***MAXIMUM PD BY OFFICE**	**1,757.85**	**1,757.85**	**1,757.85**
	(WITH VSP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
XP HEALTH VISION	10157AACN	23.60	23.60	23.60
	PLAN TOTAL	**1,689.35**	**1,705.95**	**1,691.35**
	(WITH XP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
ANTHEM - BUY UP #1	**40098-G**	1,612.00	1,612.00	1,612.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	253310157ACN	21.50	21.50	21.50
	PLAN TOTAL	**1,731.25**	**1,747.85**	**1,733.25**
90-G $20; 500/1,000 1,000/3,000 $200 10/35	***MAXIMUM PD BY OFFICE**	**1,757.85**	**1,757.85**	**1,757.85**
	(WITH VSP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
XP HEALTH VISION	10157AACN	23.60	23.60	23.60
	PLAN TOTAL	**1,733.35**	**1,749.95**	**1,735.35**
	(WITH XP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
ANTHEM - BUY UP #2	**40097-G**	1,640.00	1,640.00	1,640.00
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	253310157ACN	21.50	21.50	21.50
	PLAN TOTAL	**1,759.25**	**1,775.85**	**1,761.25**
90E $20; 300/600 1,000/3,000 $200 10/35	***MAXIMUM PD BY OFFICE**	**1,757.85**	**1,757.85**	**1,757.85**
	(WITH VSP) COST TO EMPLOYEE	**1.40**	**18.00**	**3.40**
XP HEALTH VISION	10157AACN	23.60	23.60	23.60
	PLAN TOTAL	**1,761.35**	**1,777.95**	**1,763.35**
	(WITH XP) COST TO EMPLOYEE	**3.50**	**20.10**	**5.50**
SISC Proactive Plan	**M007**	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	2533010157ACN	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**	**1,757.85**	**1,757.85**	**1,757.85**
	(WITH VSP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
XP HEALTH VISION	10157AACN	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-E**	1,049.00	1,049.00	+
DENTAL		93.00	109.60	95.00
LIFE	G000ABIH-08A	4.75	4.75	4.75
VSP	253310157ACN	21.50	21.50	21.50
	PLAN TOTAL	**1,168.25**	**1,184.85**	**121.25**
	***MAXIMUM PD BY OFFICE**	**1,757.85**	**1,757.85**	**1,757.85**
	(WITH VSP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
XP HEALTH VISION	10157AACN	23.60	23.60	23.60
	PLAN TOTAL	**1,170.35**	**1,186.95**	**123.35**
	(WITH XP) COST TO EMPLOYEE	**0.00**	**0.00**	**0.00**
G:VANESSA/RATES/RATES 25-26				