**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** |
| Platinum $0; 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** |
| | | | | |
| **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 | | | | |