

**CERTIFICATED EMPLOYEES
2026 - 2027 RATES
EFFECTIVE 10/01/26**

*2026-2027 CAP APPLIED

VOL DED	POLICY NUMBER	DELTA INCENTIVE 7073-8198	DELTA PREFERRED PROVIDER 7073-8398	SISC DENTAL HEALTH NETWORK 4D001A 10157BA
KAISER PERMANENTE	234480-0001ACN	1,802.00	1,802.00	1,802.00
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	1,921.25	1,937.85	1,923.25
	*MAXIMUM PD BY OFFICE	1,937.85	1,937.85	1,937.85
	(WITH VSP) COST TO EMPLOYEE	0.00	0.00	0.00
XP HEALTH VISION	10157AALN	23.60	23.60	23.60
	PLAN TOTAL	1,923.35	1,939.95	1,925.35
	(WITH XP) COST TO EMPLOYEE	0.00	2.10	0.00
ANTHEM - OFFICE PLAN	40097-H	1,770.00	1,770.00	1,770.00
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	1,889.25	1,905.85	1,891.25
80E \$20; 300/600 1,000/3,000 \$200 10/35	*MAXIMUM PD BY OFFICE	1,937.85	1,937.85	1,937.85
	(WITH VSP) COST TO EMPLOYEE	0.00	0.00	0.00
XP HEALTH VISION	10157AALN	23.60	23.60	23.60
	PLAN TOTAL	1,891.35	1,907.95	1,893.35
	(WITH XP) COST TO EMPLOYEE	0.00	0.00	0.00
ANTHEM - BUY UP #1	40098-G	1,820.00	1,820.00	1,820.00
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	1,939.25	1,955.85	1,941.25
90-G \$20; 500/1,000 1,000/3,000 \$200 10/35	*MAXIMUM PD BY OFFICE	1,937.85	1,937.85	1,937.85
	(WITH VSP) COST TO EMPLOYEE	1.40	18.00	3.40
XP HEALTH VISION	10157AALN	23.60	23.60	23.60
	PLAN TOTAL	1,941.35	1,957.95	1,943.35
	(WITH XP) COST TO EMPLOYEE	3.50	20.10	5.50
ANTHEM - BUY UP #2	40097-G	1,852.00	1,852.00	1,852.00
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	1,971.25	1,987.85	1,973.25
90E \$20; 300/600 1,000/3,000 \$200 10/35	*MAXIMUM PD BY OFFICE	1,937.85	1,937.85	1,937.85
	(WITH VSP) COST TO EMPLOYEE	33.40	50.00	35.40
XP HEALTH VISION	10157AALN	23.60	23.60	23.60
	PLAN TOTAL	1,973.35	1,989.95	1,975.35
	(WITH XP) COST TO EMPLOYEE	35.50	52.10	37.50
SISC Proactive Plan	M007	1,703.00	1,703.00	1,703.00
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	1,822.25	1,838.85	1,824.25
Platinum \$0; 2,000/4,000 9/35	*MAXIMUM PD BY OFFICE	1,937.85	1,937.85	1,937.85
	(WITH VSP) COST TO EMPLOYEE	0.00	0.00	0.00
XP HEALTH VISION	10157AACN	23.60	23.60	23.60
	PLAN TOTAL	1,824.35	1,840.95	1,826.35
	(WITH XP) COST TO EMPLOYEE	0.00	0.00	0.00
HSA \$5000 (WAS MINIMUM VALUE)	40097-E	1,179.00	1,179.00	1,179.00
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	1,298.25	1,314.85	1,300.25
	*MAXIMUM PD BY OFFICE	1,937.85	1,937.85	1,937.85
	(WITH VSP) COST TO EMPLOYEE	0.00	0.00	0.00
XP HEALTH VISION	10157AALN	23.60	23.60	23.60
	PLAN TOTAL	1,300.35	1,316.95	1,302.35
	(WITH XP) COST TO EMPLOYEE	0.00	0.00	0.00
G:VANESSA/RATES/RATES 26-27				