

Active SISC 2021-2022 Rates

Incentive \$1,126.80
 PPO Dental \$1,608.60
 PPO Dental/Implants \$1,704.36
 Monthly Cap \$1,804.58
 Annual Cap \$21,655
 Vision \$347.52

	Monthly Rates	Annual Rates		10 Month Deduction
HMO 10, 5/20 - Incentive Dental & Vision				
Employee Only	\$ 586.00	\$ 7,032.00	\$ 8,506.32	
Employee + Spouse	\$ 1,298.00	\$ 15,576.00	\$ 17,050.32	
Employee + Child (ren)	\$ 1,063.00	\$ 12,756.00	\$ 14,230.32	
Employee + Family	\$ 1,774.00	\$ 21,288.00	\$ 22,762.32	\$110.73
HMO 10, 5/20 - PPO Dental & Vision				
Employee Only	\$ 586.00	\$ 7,032.00	\$ 8,988.12	
Employee + Spouse	\$ 1,298.00	\$ 15,576.00	\$ 17,532.12	
Employee + Child (ren)	\$ 1,063.00	\$ 12,756.00	\$ 14,712.12	
Employee + Family	\$ 1,774.00	\$ 21,288.00	\$ 23,244.12	\$158.91
HMO 10, 5/20- PPO Dental Implants & Vision				
Employee Only	\$ 586.00	\$ 7,032.00	\$ 9,083.88	
Employee + Spouse	\$ 1,298.00	\$ 15,576.00	\$ 17,627.88	
Employee + Child (ren)	\$ 1,063.00	\$ 12,756.00	\$ 14,807.88	
Employee + Family	\$ 1,774.00	\$ 21,288.00	\$ 23,339.88	\$168.49
HMO 10, 9/35 - Incentive Dental & Vision				
Employee Only	\$ 557.00	\$ 6,684.00	\$ 8,158.32	
Employee + Spouse	\$ 1,243.00	\$ 14,916.00	\$ 16,390.32	
Employee + Child (ren)	\$ 1,024.00	\$ 12,288.00	\$ 13,762.32	
Employee + Family	\$ 1,706.00	\$ 20,472.00	\$ 21,946.32	\$29.13
HMO 10, 9/35 PPO Dental & Vision				
Employee Only	\$ 557.00	\$ 6,684.00	\$ 8,640.12	
Employee + Spouse	\$ 1,243.00	\$ 14,916.00	\$ 16,872.12	
Employee + Child (ren)	\$ 1,024.00	\$ 12,288.00	\$ 14,244.12	
Employee + Family	\$ 1,706.00	\$ 20,472.00	\$ 22,428.12	\$77.31
HMO 10, 9/35- PPO Dental Impants & Vision				
Employee Only	\$ 557.00	\$ 6,684.00	\$ 8,735.88	
Employee + Spouse	\$ 1,243.00	\$ 14,916.00	\$ 16,967.88	
Employee + Child (ren)	\$ 1,024.00	\$ 12,288.00	\$ 14,339.88	
Employee + Family	\$ 1,706.00	\$ 20,472.00	\$ 22,523.88	\$86.89

NO ORTHODONTIST

Orthodontist

Orthodontist & Dental Implants

NO ORTHODONTIST

Orthodontist

Orthodontist & Dental Implants

Kaiser HMO 0, 5 RX - Incentive Dental & Vision	Monthly Rates	Annual Rates		10 Month Deduction
Employee Only	\$ 632.00	\$ 7,584.00	\$ 9,058.32	
Employee + Spouse	\$ 1,389.00	\$ 16,668.00	\$ 18,142.32	
Employee + Child (ren)	\$ 1,137.00	\$ 13,644.00	\$ 15,118.32	
Employee + Family	\$ 1,894.00	\$ 22,728.00	\$ 24,202.32	\$254.73
Kaiser HMO 0, 5 RX - PPO Dental & Vision	Monthly Rates	Annual Rates	PPO Dental & Vision	10 Month Deduction
Employee Only	\$ 632.00	\$ 7,584.00	\$ 9,540.12	
Employee + Spouse	\$ 1,389.00	\$ 16,668.00	\$ 18,624.12	
Employee + Child (ren)	\$ 1,137.00	\$ 13,644.00	\$ 15,600.12	
Employee + Family	\$ 1,894.00	\$ 22,728.00	\$ 24,684.12	\$302.91
Kaiser HMO 0, 5 RX - PPO Dental Implants & Vision	Monthly Rates	Annual Rates		10 Month Deduction
Employee Only	\$ 632.00	\$ 7,584.00	\$ 9,635.88	
Employee + Spouse	\$ 1,389.00	\$ 16,668.00	\$ 18,719.88	
Employee + Child (ren)	\$ 1,137.00	\$ 13,644.00	\$ 15,695.88	
Employee + Family	\$ 1,894.00	\$ 22,728.00	\$ 24,779.88	\$312.49
Kaiser HMO 10, 10 RX - Incentive Dental & Vision	Monthly Rates	Annual Rates		10 Month Deduction
Employee Only	\$ 605.00	\$ 7,260.00	\$ 8,734.32	
Employee + Spouse	\$ 1,330.00	\$ 15,960.00	\$ 17,434.32	
Employee + Child (ren)	\$ 1,089.00	\$ 13,068.00	\$ 14,542.32	
Employee + Family	\$ 1,814.00	\$ 21,768.00	\$ 23,242.32	\$158.73
Kaiser HMO 10, 10 RX - PPO Dental & Vision	Monthly Rates	Annual Rates		10 Month Deduction
Employee Only	\$ 605.00	\$ 7,260.00	\$ 9,216.12	
Employee + Spouse	\$ 1,330.00	\$ 15,960.00	\$ 17,916.12	
Employee + Child (ren)	\$ 1,089.00	\$ 13,068.00	\$ 15,024.12	
Employee + Family	\$ 1,814.00	\$ 21,768.00	\$ 23,724.12	\$206.91
Kaiser HMO 10, 10 RX - PPO Dental Implants & Vision	Monthly Rates	Annual Rates		10 Month Deduction
Employee Only	\$ 605.00	\$ 7,260.00	\$ 9,311.88	
Employee + Spouse	\$ 1,330.00	\$ 15,960.00	\$ 18,011.88	
Employee + Child (ren)	\$ 1,089.00	\$ 13,068.00	\$ 15,119.88	
Employee + Family	\$ 1,814.00	\$ 21,768.00	\$ 23,819.88	\$216.49

NO ORTHODONTIST

Orthodontist

Orthodontist & Dental Implants

NO ORTHODONTIST

Orthodontist

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PPO 90 20, 5/20 RX - Incentive Dental & Vision		Monthly Rates	Annual Rates		10 Month Deduction	
Employee Only		\$ 632.00	\$ 7,584.00	\$ 9,058.32		
Employee + Spouse		\$ 1,387.00	\$ 16,644.00	\$ 18,118.32		NO ORTHODONTIST
Employee + Child (ren)		\$ 1,131.00	\$ 13,572.00	\$ 15,046.32		
Employee + Family		\$ 1,879.00	\$ 22,548.00	\$ 24,022.32	\$236.73	
PPO 90 20, 5/20 RX - PPO Dental & Vision		Monthly Rates	Annual Rates		10 Month Deduction	
Employee Only		\$ 632.00	\$ 7,584.00	\$ 9,540.12		
Employee + Spouse		\$ 1,387.00	\$ 16,644.00	\$ 18,600.12		Orthodontist
Employee + Child (ren)		\$ 1,131.00	\$ 13,572.00	\$ 15,528.12		
Employee + Family		\$ 1,879.00	\$ 22,548.00	\$ 24,504.12	\$284.91	
PPO 90 20, 5/20 RX - PPO Dental Implants & Vision		Monthly Rates	Annual Rates		10 Month Deduction	
Employee Only		\$ 632.00	\$ 7,584.00	\$ 9,635.88		
Employee + Spouse		\$ 1,387.00	\$ 16,644.00	\$ 18,695.88		Orthodontist & Dental Implants
Employee + Child (ren)		\$ 1,131.00	\$ 13,572.00	\$ 15,623.88		
Employee + Family		\$ 1,879.00	\$ 22,548.00	\$ 24,599.88	\$294.49	
PPO 80 20 RX/200/10/35 - Incentive Dental & Vision		Monthly Rates	Annual Rates		10 Month Deduction	
Employee Only		\$ 538.00	\$ 6,456.00	\$ 7,930.32		
Employee + Spouse		\$ 1,190.00	\$ 14,280.00	\$ 15,754.32		NO ORTHODONTIST
Employee + Child (ren)		\$ 977.00	\$ 11,724.00	\$ 13,198.32		
Employee + Family		\$ 1,620.00	\$ 19,440.00	\$ 20,914.32		
PPO 80 20 RX/200/10/35 - PPO Dental & Vision		Monthly Rates	Annual Rates		10 Month Deduction	
Employee Only		\$ 538.00	\$ 6,456.00	\$ 8,412.12		
Employee + Spouse		\$ 1,190.00	\$ 14,280.00	\$ 16,236.12		Orthodontist
Employee + Child (ren)		\$ 977.00	\$ 11,724.00	\$ 13,680.12		
Employee + Family		\$ 1,620.00	\$ 19,440.00	\$ 21,396.12		
PPO 80 20 RX/200/10/35 - PPO Dental Implants & Vision		Monthly Rates	Annual Rates		10 Month Deduction	
Employee Only		\$ 538.00	\$ 6,456.00	\$ 8,507.88		
Employee + Spouse		\$ 1,190.00	\$ 14,280.00	\$ 16,331.88		Orthodontist & Dental Implants
Employee + Child (ren)		\$ 977.00	\$ 11,724.00	\$ 13,775.88		
Employee + Family		\$ 1,620.00	\$ 19,440.00	\$ 21,491.88		

HMO Premier 10, 5/20 Select Network- Incentive Dental & Vision	Monthly Rates	Annual Rates		10 Month Deduction
Employee Only	\$ 544.00	\$ 6,528.00	\$ 8,002.32	
Employee + Spouse	\$ 1,199.00	\$ 14,388.00	\$ 15,862.32	
Employee + Child (ren)	\$ 979.00	\$ 11,748.00	\$ 13,222.32	
Employee + Family	\$ 1,635.00	\$ 19,620.00	\$ 21,094.32	
HMO Premier 10, 5/20 Select Network - PPO Dental & Vision	Monthly Rates	Annual Rates		10 Month Deduction
Employee Only	\$ 544.00	\$ 6,528.00	\$ 8,484.12	
Employee + Spouse	\$ 1,199.00	\$ 14,388.00	\$ 16,344.12	
Employee + Child (ren)	\$ 979.00	\$ 11,748.00	\$ 13,704.12	
Employee + Family	\$ 1,635.00	\$ 19,620.00	\$ 21,576.12	
HMO Premier 10, 5/20 Select Network - PPO Dental Implants & Vision	Monthly Rates	Annual Rates		10 Month Deduction
Employee Only	\$ 544.00	\$ 6,528.00	\$ 8,579.88	
Employee + Spouse	\$ 1,199.00	\$ 14,388.00	\$ 16,439.88	
Employee + Child (ren)	\$ 979.00	\$ 11,748.00	\$ 13,799.88	
Employee + Family	\$ 1,635.00	\$ 19,620.00	\$ 21,671.88	\$1.69

NO ORTHODONTIST

Orthodontist

Orthodontist & Dental Implants