

Medical Insurance Rates 2026 – All Sutter County Employees (Excluding DSA, POA, Fire)

(24 pp)

Plan Name	Deductible	Out of Pocket Maximum	Co-ins.	Total Monthly Premium	County Monthly Contribution	Employee Monthly Contribution	Employee Bi-weekly Contribution
PPO 1500	EE/Family	EE/Family	80/20				
Single Employee	1500/3000	5000/10000	\$45 copay	\$1,331.50	\$1,042.17	\$289.33	\$144.67
Employee + 1				\$2,662.50	\$2,074.79	\$587.71	\$293.86
Family				\$3,766.50	\$2,853.79	\$912.71	\$456.36
PPO 1000			80/20				
Single Employee	1000/2000	4000/8000	\$45 copay	\$1,363.50	\$1,042.17	\$321.33	\$160.67
Employee + 1				\$2,717.50	\$2,074.79	\$642.71	\$321.36
Family				\$3,847.50	\$2,853.79	\$993.71	\$496.86
KAISER HIGH			\$10 copay				
Single Employee	0	1500/3000		\$1,672.50	\$1,042.17	\$630.33	\$315.17
Employee + 1				\$3,345.50	\$2,074.79	\$1,270.71	\$635.36
Family				\$4,730.50	\$2,853.79	\$1,876.71	\$938.36
KAISER LOW			\$20 copay				
Single Employee	0	1500/3000		\$1,570.50	\$1,042.17	\$528.33	\$264.17
Employee + 1				\$3,149.50	\$2,074.79	\$1,074.71	\$537.36
Family				\$4,450.50	\$2,853.79	\$1,596.71	\$798.36
PPO 3400 (HDHP)							
Single Employee	3400/6800	3400/6800		\$950.50	\$950.50	\$0.00	\$0.00
Employee + 1				\$1,892.50	\$1,892.50	\$0.00	\$0.00
Family				\$2,671.50	\$2,671.50	\$0.00	\$0.00