



**TAMALPAIS UNION HIGH
SCHOOL DISTRICT**

2024-2025 SCHOOL YEAR COBRA RATE INFORMATION,

PER TUHSD ASSOCIATED HEALTH AND WELFARE COVERAGE

COBRA Plan	Dental	Group #	Vision	Group #
Employee (Standard)	\$66.13	007302-1703	\$13.17	30081850-0017
Employee + 1	\$132.27		\$26.33	
Employee + Family	\$191.80		\$36.87	
Buy-Up Option A-1 (Implants) EE only	\$67.46	007302-1708	N/A	
Buy-Up Option A-1 (Implants) EE + 1	\$134.92			
Buy-Up Option A-1 (Implants) Family	\$195.68			
Buy-Up Option B-2 (Ortho) EE only	\$71.42	007302-1709		
Buy-Up Option B-2 (Ortho) EE + 1	\$133.67			
Buy-Up Option B-2 (Ortho) Family	\$207.19			
Medical				
Kaiser (Certf & Clasfd)	\$1,987.00			
Blue Shield (Certf & Clasfd)	100% / \$2,649.00	80% / \$2,090.00		

*Rates effective 10/01/2024 through 09/30/2025 – rates are approximate

Name	Email	Phone
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