

MARIN COUNTY OFFICE OF EDUCATION

CERTIFICATED ADMINISTRATIVE/SUPPORT EMPLOYEES

HEALTH, DENTAL AND VISION INSURANCE PLANS AVAILABLE

2024/2025

Effective October 1, 2024 - June 30, 2025

HEALTH

Plans	Monthly Rates	MCOE Pays	Employee Pays
<u>KAISER HMO - TRADITIONAL</u>			
Employee only	1,049.00	1,049.00	-
Employee and 1 dependent	2,245.00	1,609.58	635.42
Employee and 2 or more dependents	3,127.00	1,609.58	1,517.42
<u>KAISER DHMO - DEDUCTIBLE</u>			
Employee only	876.00	876.00	-
Employee and 1 dependent	1,876.00	1,609.58	266.42
Employee and 2 or more dependents	2,612.00	1,609.58	1,002.42
<u>KAISER DHMO - HSA</u>			
Employee only	828.00	828.00	-
Employee and 1 dependent	1,773.00	1,609.58	163.42
Employee and 2 or more dependents	2,469.00	1,609.58	859.42
<u>ANTHEM BLUE CROSS PPO - 100%</u>			
Employee only	1,192.00	1,192.00	-
Employee and 1 dependent	2,555.00	1,609.58	945.42
Employee and 2 or more dependents	3,567.00	1,609.58	1,957.42
<u>ANTHEM BLUE CROSS PPO - DEDUCTIBLE</u>			
Employee only	973.00	973.00	-
Employee and 1 dependent	2,073.00	1,609.58	463.42
Employee and 2 or more dependents	2,889.00	1,609.58	1,279.42
<u>ANTHEM BLUE CROSS PPO - HSA</u>			
Employee only	732.00	732.00	-
Employee and 1 dependent	1,546.00	1,546.00	-
Employee and 2 or more dependents	2,150.00	1,609.58	540.42

CAP: \$1,609.58

DENTAL and VISION

Plans	Monthly Rates	MCOE Pays	Employee Pays
<u>DELTA DENTAL</u>			
Employee and dependents	120.75	120.75	-
<u>VISION SERVICE PLAN (VSP)</u>			
Employee and dependents	19.67	19.67	-

CAP: \$140.42

TOTAL CAP: \$1,750.00 (\$1,609.58 Health, \$140.42 Dental/Vision)