

MARIN COUNTY OFFICE OF EDUCATION

CLASSIFIED EMPLOYEES (CSEA)

HEALTH, DENTAL, VISION AND LIFE 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	1,609.15	635.85
Employee and 2 or more dependents	3,127.00	1,609.15	1,517.85
<u>KAISER DHMO - DEDUCTIBLE</u>			
Employee only	876.00	876.00	-
Employee and 1 dependent	1,876.00	1,609.15	266.85
Employee and 2 or more dependents	2,612.00	1,609.15	1,002.85
<u>KAISER DHMO - HSA</u>			
Employee only	828.00	828.00	-
Employee and 1 dependent	1,773.00	1,609.15	163.85
Employee and 2 or more dependents	2,469.00	1,609.15	859.85
<u>ANTHEM BLUE CROSS PPO - 100%</u>			
Employee only	1,192.00	1,192.00	-
Employee and 1 dependent	2,555.00	1,609.15	945.85
Employee and 2 or more dependents	3,567.00	1,609.15	1,957.85
<u>ANTHEM BLUE CROSS PPO - DEDUCTIBLE</u>			
Employee only	973.00	973.00	-
Employee and 1 dependent	2,073.00	1,609.15	463.85
Employee and 2 or more dependents	2,889.00	1,609.15	1,279.85
<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	1,609.15	540.85

CAP: \$1,609.15

DENTAL, VISION and LIFE

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	17.40	17.40	-
<u>THE HARTFORD LIFE</u>			
Employee only - \$9,400	2.70	2.70	-
Dependent life - \$1,000	0.56	-	0.56

CAP: \$140.85

TOTAL CAP: \$1,750.00 (\$1,609.15 Health, \$140.85 Dental/Vision/Life)