

MARIN COUNTY OFFICE OF EDUCATION

CERTIFICATED EMPLOYEES

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	1,607.37	637.63
Employee and 2 or more dependents	3,127.00	1,607.37	1,519.63
<u>KAISER DHMO - DEDUCTIBLE</u>			
Employee only	876.00	876.00	-
Employee and 1 dependent	1,876.00	1,607.37	268.63
Employee and 2 or more dependents	2,612.00	1,607.37	1,004.63
<u>KAISER DHMO - HSA</u>			
Employee only	828.00	828.00	-
Employee and 1 dependent	1,773.00	1,607.37	165.63
Employee and 2 or more dependents	2,469.00	1,607.37	861.63
<u>ANTHEM BLUE CROSS PPO - 100%</u>			
Employee only	1,192.00	1,192.00	-
Employee and 1 dependent	2,555.00	1,607.37	947.63
Employee and 2 or more dependents	3,567.00	1,607.37	1,959.63
<u>ANTHEM BLUE CROSS PPO - DEDUCTIBLE</u>			
Employee only	973.00	973.00	-
Employee and 1 dependent	2,073.00	1,607.37	465.63
Employee and 2 or more dependents	2,889.00	1,607.37	1,281.63
<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	1,607.37	542.63

CAP: \$1,607.37

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	19.67	19.67	-
<u>THE HARTFORD LIFE</u>			
Employee only - \$10,000	2.21	2.21	-
Dependent life - \$1,000	0.56	-	0.56

CAP: \$142.63

TOTAL CAP: \$1,750.00 (\$1,607.37 Health, \$142.63 Dental/Vision/Life)