MARIN COUNTY OFFICE OF EDUCATION

WALKER CREEK RANCH 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
KAISER HMO - TRADITIONAL			
Employee only	1,049.00	1,049.00	-
Employee and 1 dependent	2,245.00	1,659.80	585.20
Employee and 2 or more dependents	3,127.00	1,659.80	1,467.20
KAISER DHMO - DEDUCTIBLE			
Employee only	876.00	876.00	-
Employee and 1 dependent	1,876.00	1,659.80	216.20
Employee and 2 or more dependents	2,612.00	1,659.80	952.20
KAISER DHMO - HSA			
Employee only	828.00	828.00	-
Employee and 1 dependent	1,773.00	1,659.80	113.20
Employee and 2 or more dependents	2,469.00	1,659.80	809.20
ANTHEM BLUE CROSS PPO - 100%			
Employee only	1,192.00	1,192.00	-
Employee and 1 dependent	2,555.00	1,659.80	895.20
Employee and 2 or more dependents	3,567.00	1,659.80	1,907.20
ANTHEM BLUE CROSS PPO - DEDUCTIBLE			
Employee only	973.00	973.00	-
Employee and 1 dependent	2,073.00	1,659.80	413.20
Employee and 2 or more dependents	2,889.00	1,659.80	1,229.20
ANTHEM BLUE CROSS PPO - HSA			
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	1,659.80	490.20

CAP: $1,659.80

DENTAL, VISION and LIFE

Plans	Monthly Rates	MCOE Pays	Employee Pays
DELTA DENTAL			
Employee only	64.52	64.52	-
Employee and 1 dependent	129.02	75.00	54.02
Employee and 2 or more dependents	187.11	75.00	112.11
VISION SERVICE PLAN (VSP)			
Employee only	7.05	7.05	-
Employee and 1 dependent	14.11	12.50	1.61
Employee and 2 or more dependents	19.75	12.50	7.25
THE HARTFORD LIFE			
Employee only - $9,400	2.70	2.70	-
Dependent life - $1,000	0.56	-	0.56

CAP: $90.20

TOTAL CAP: $1,750.00 ($1659.80 Health, $90.20 Dental/Vision/Life)