

# MARIN COUNTY OFFICE OF EDUCATION

## **PERSONNEL COMMISSIONERS, MCBOE MEMBERS** **HEALTH, DENTAL AND VISION INSURANCE PLANS AVAILABLE**

**2025/2026**

Effective Rates October 1, 2025 - June 30, 2026

### **HEALTH**

| <b>Plans</b>                                     | <b>Monthly Rates</b> | <b>MCOE Pays</b> | <b>Employee Pays</b> |
|--------------------------------------------------|----------------------|------------------|----------------------|
| <b><u>KAISER HMO - TRADITIONAL</u></b>           |                      |                  |                      |
| Employee only                                    | \$1,136.00           | \$1,136.00       | \$0.00               |
| Employee and 1 dependent                         | \$2,430.00           | \$1,747.83       | \$682.17             |
| Employee and 2 or more dependents                | \$3,384.00           | \$1,747.83       | \$1,636.17           |
| <b><u>KAISER DHMO - DEDUCTIBLE</u></b>           |                      |                  |                      |
| Employee only                                    | \$958.00             | \$958.00         | \$0.00               |
| Employee and 1 dependent                         | \$2,050.00           | \$1,747.83       | \$302.17             |
| Employee and 2 or more dependents                | \$2,854.00           | \$1,747.83       | \$1,106.17           |
| <b><u>KAISER DHMO - HSA</u></b>                  |                      |                  |                      |
| Employee only                                    | \$897.00             | \$897.00         | \$0.00               |
| Employee and 1 dependent                         | \$1,919.00           | \$1,747.83       | \$171.17             |
| Employee and 2 or more dependents                | \$2,673.00           | \$1,747.83       | \$925.17             |
| <b><u>ANTHEM BLUE CROSS PPO - 100%</u></b>       |                      |                  |                      |
| Employee only                                    | \$1,294.00           | \$1,294.00       | \$0.00               |
| Employee and 1 dependent                         | \$2,772.00           | \$1,747.83       | \$1,024.17           |
| Employee and 2 or more dependents                | \$3,872.00           | \$1,747.83       | \$2,124.17           |
| <b><u>ANTHEM BLUE CROSS PPO - DEDUCTIBLE</u></b> |                      |                  |                      |
| Employee only                                    | \$1,057.00           | \$1,057.00       | \$0.00               |
| Employee and 1 dependent                         | \$2,250.00           | \$1,747.83       | \$502.17             |
| Employee and 2 or more dependents                | \$3,136.00           | \$1,747.83       | \$1,388.17           |
| <b><u>ANTHEM BLUE CROSS PPO - HSA</u></b>        |                      |                  |                      |
| Employee only                                    | \$797.00             | \$797.00         | \$0.00               |
| Employee and 1 dependent                         | \$1,681.00           | \$1,681.00       | \$0.00               |
| Employee and 2 or more dependents                | \$2,337.00           | \$1,747.83       | \$589.17             |

CAP: \$1,747.83

### **DENTAL and VISION**

| <b>Plans</b>                            | <b>Monthly Rates</b> | <b>MCOE Pays</b> | <b>Employee Pays</b> |
|-----------------------------------------|----------------------|------------------|----------------------|
| <b><u>DELTA DENTAL</u></b>              |                      |                  |                      |
| Employee and dependents                 | \$108.68             | \$108.68         | \$0.00               |
| <b><u>VISION SERVICE PLAN (VSP)</u></b> |                      |                  |                      |
| Employee and dependents                 | \$18.49              | \$18.49          | \$0.00               |

CAP: \$127.17

**TOTAL CAP: \$1,875.00 (\$1,747.83 Health, \$127.17 Dental/Vision)**