MARIN COUNTY OFFICE OF EDUCATION

CERTIFICATED EMPLOYEES (MCEA)

HEALTH, DENTAL, VISION AND LIFE INSURANCE PLANS AVAILABLE

2025/2026

Effective Rates October 1, 2025 - June 30, 2026

HEALTH

Plans	Monthly Rates	MCOE Pays	Employee Pays
KAISER HMO - TRADITIONAL			
Employee only	$1,136.00	$1,136.00	$0.00
Employee and 1 dependent	$2,430.00	$1,745.62	$684.38
Employee and 2 or more dependents	$3,384.00	$1,745.62	$1,638.38
KAISER DHMO - DEDUCTIBLE			
Employee only	$958.00	$958.00	$0.00
Employee and 1 dependent	$2,050.00	$1,745.62	$304.38
Employee and 2 or more dependents	$2,854.00	$1,745.62	$1,108.38
KAISER DHMO - HSA			
Employee only	$897.00	$897.00	$0.00
Employee and 1 dependent	$1,919.00	$1,745.62	$173.38
Employee and 2 or more dependents	$2,673.00	$1,745.62	$927.38
ANTHEM BLUE CROSS PPO - 100%			
Employee only	$1,294.00	$1,294.00	$0.00
Employee and 1 dependent	$2,772.00	$1,745.62	$1,026.38
Employee and 2 or more dependents	$3,872.00	$1,745.62	$2,126.38
ANTHEM BLUE CROSS PPO - DEDUCTIBLE			
Employee only	$1,057.00	$1,057.00	$0.00
Employee and 1 dependent	$2,250.00	$1,745.62	$504.38
Employee and 2 or more dependents	$3,136.00	$1,745.62	$1,390.38
ANTHEM BLUE CROSS PPO - HSA			
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	$1,745.62	$591.38

CAP: $1,745.62

DENTAL, VISION and LIFE

Plans	Monthly Rates	MCOE Pays	Employee Pays
DELTA DENTAL			
Employee and dependents	$108.68	$108.68	$0.00
VISION SERVICE PLAN (VSP)			
Employee and dependents	$18.49	$18.49	$0.00
THE HARTFORD LIFE			
Employee only - $10,000	$2.21	$2.21	$0.00
Dependent life - $1,000	$0.56	$0.00	$0.56

CAP: $129.38

TOTAL CAP: $1,875 ($1745.62 Health, $129.38 Dental/Vision/Life)