# MARIN COUNTY OFFICE OF EDUCATION

## CERTIFICATED MANAGEMENT EMPLOYEES

HEALTH, DENTAL AND VISION 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 | $1,747.83 | $682.17 |
| Employee and 2 or more dependents | $3,384.00 | $1,747.83 | $1,636.17 |
| KAISER DHMO - DEDUCTIBLE | | | |
| 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 |
| KAISER DHMO - HSA | | | |
| 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 |
| ANTHEM BLUE CROSS PPO - 100% | | | |
| 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 |
| ANTHEM BLUE CROSS PPO - DEDUCTIBLE | | | |
| 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 |
| 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 | $1,747.83 | $589.17 |

CAP: $1,747.83

**DENTAL and VISION**

| 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 |

CAP: $127.17

TOTAL CAP: $1,875.00 ($1747.83 Health, $127.17 Dental/Vision)