

MARIN COUNTY OFFICE OF EDUCATION

CLASSIFIED EMPLOYEES (CSEA)

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
<u>KAISER HMO - TRADITIONAL</u>			
Employee only	\$1,136.00	\$1,136.00	\$0.00
Employee and 1 dependent	\$2,430.00	\$1,747.26	\$682.74
Employee and 2 or more dependents	\$3,384.00	\$1,747.26	\$1,636.74
<u>KAISER DHMO - DEDUCTIBLE</u>			
Employee only	\$958.00	\$958.00	\$0.00
Employee and 1 dependent	\$2,050.00	\$1,747.26	\$302.74
Employee and 2 or more dependents	\$2,854.00	\$1,747.26	\$1,106.74
<u>KAISER DHMO - HSA</u>			
Employee only	\$897.00	\$897.00	\$0.00
Employee and 1 dependent	\$1,919.00	\$1,747.26	\$171.74
Employee and 2 or more dependents	\$2,673.00	\$1,747.26	\$925.74
<u>ANTHEM BLUE CROSS PPO - 100%</u>			
Employee only	\$1,294.00	\$1,294.00	\$0.00
Employee and 1 dependent	\$2,772.00	\$1,747.26	\$1,024.74
Employee and 2 or more dependents	\$3,872.00	\$1,747.26	\$2,124.74
<u>ANTHEM BLUE CROSS PPO - DEDUCTIBLE</u>			
Employee only	\$1,057.00	\$1,057.00	\$0.00
Employee and 1 dependent	\$2,250.00	\$1,747.26	\$502.74
Employee and 2 or more dependents	\$3,136.00	\$1,747.26	\$1,388.74
<u>ANTHEM BLUE CROSS PPO - HSA</u>			
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	\$1,747.26	\$589.74

CAP: \$1,747.26

DENTAL, VISION and LIFE

Plans	Monthly Rates	MCOE Pays	Employee Pays
<u>DELTA DENTAL</u>			
Employee and dependents	\$108.68	\$108.68	\$0.00
<u>VISION SERVICE PLAN (VSP)</u>			
Employee and dependents	\$16.36	\$16.36	\$0.00
<u>THE HARTFORD LIFE</u>			
Employee only - \$9,400	\$2.70	\$2.70	\$0.00
Dependent life - \$1,000	\$0.56	\$0.00	\$0.56

CAP: \$127.74

TOTAL CAP: \$1,875.00 (\$1747.26 Health, \$127.74 Dental/Vision/Life)