MARIN COUNTY OFFICE OF EDUCATION

CLASSIFIED MANAGEMENT, SENIOR CLASSIFIED MANAGEMENT, & CONFIDENTIAL EMPLOYEES

HEALTH, DENTAL, VISION AND LIFE INSURANCE PLANS AVAILABLE
2026/2027
Effective Rates October 1, 2026 - June 30, 2027

HEALTH

Plans	Monthly Rates	MCOE Pays	Employee Pays
KAISER HMO - TRADITIONAL			
Employee only	$1,229.00	$1,229.00	$0.00
Employee and 1 dependent	$2,630.00	$1,915.85	$714.15
Employee and 2 or more dependents	$3,663.00	$1,915.85	$1,747.15
KAISER DHMO - DEDUCTIBLE			
Employee only	$1,053.00	$1,053.00	$0.00
Employee and 1 dependent	$2,253.00	$1,915.85	$337.15
Employee and 2 or more dependents	$3,138.00	$1,915.85	$1,222.15
KAISER DHMO - HSA			
Employee only	$970.00	$970.00	$0.00
Employee and 1 dependent	$2,077.00	$1,915.85	$161.15
Employee and 2 or more dependents	$2,892.00	$1,915.85	$976.15
ANTHEM BLUE CROSS PPO - 100%			
Employee only	$1,420.00	$1,420.00	$0.00
Employee and 1 dependent	$3,041.00	$1,915.85	$1,125.15
Employee and 2 or more dependents	$4,247.00	$1,915.85	$2,331.15
ANTHEM BLUE CROSS PPO - DEDUCTIBLE			
Employee only	$1,160.00	$1,160.00	$0.00
Employee and 1 dependent	$2,469.00	$1,915.85	$553.15
Employee and 2 or more dependents	$3,440.00	$1,915.85	$1,524.15
ANTHEM BLUE CROSS PPO - HSA			
Employee only	$876.00	$876.00	$0.00
Employee and 1 dependent	$1,847.00	$1,847.00	$0.00
Employee and 2 or more dependents	$2,565.00	$1,915.85	$649.15

CAP: $1,915.85

DENTAL, VISION and LIFE

Plans	Monthly Rates	MCOE Pays	Employee Pays
DELTA DENTAL			
Employee and dependents	$97.81	$97.81	$0.00
VISION SERVICE PLAN (VSP)			
Employee and dependents	$16.64	$16.64	$0.00
THE HARTFORD LIFE			
Employee only - $9,400	$2.70	$2.70	$0.00
Dependent life - $1,000	$0.56	$0.00	$0.56

CAP: $117.15

TOTAL CAP: $2033.00 ($1915.85 Health, $117.15 Dental/Vision/Life)