MARIN COUNTY OFFICE OF EDUCATION

CERTIFICATED MANAGEMENT EMPLOYEES

HEALTH, DENTAL AND VISION 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	$1,918.55	$711.45
Employee and 2 or more dependents	$3,663.00	$1,918.55	$1,744.45
KAISER DHMO - DEDUCTIBLE			
Employee only	$1,053.00	$1,053.00	$0.00
Employee and 1 dependent	$2,253.00	$1,918.55	$334.45
Employee and 2 or more dependents	$3,138.00	$1,918.55	$1,219.45
KAISER DHMO - HSA			
Employee only	$970.00	$970.00	$0.00
Employee and 1 dependent	$2,077.00	$1,918.55	$158.45
Employee and 2 or more dependents	$2,892.00	$1,918.55	$973.45
ANTHEM BLUE CROSS PPO - 100%			
Employee only	$1,420.00	$1,420.00	$0.00
Employee and 1 dependent	$3,041.00	$1,918.55	$1,122.45
Employee and 2 or more dependents	$4,247.00	$1,918.55	$2,328.45
ANTHEM BLUE CROSS PPO - DEDUCTIBLE			
Employee only	$1,160.00	$1,160.00	$0.00
Employee and 1 dependent	$2,469.00	$1,918.55	$550.45
Employee and 2 or more dependents	$3,440.00	$1,918.55	$1,521.45
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	$1,918.55	$646.45

CAP: $1,918.55

DENTAL and VISION

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

CAP: $114.45

TOTAL CAP: $2033 ($1,918.55 Health, $114.45 Dental/Vision)