MARIN COUNTY OFFICE OF EDUCATION

CERTIFICATED EMPLOYEES (MCEA)

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	$1,916.67	$713.33
Employee and 2 or more dependents	$3,663.00	$1,916.67	$1,746.33
KAISER DHMO - DEDUCTIBLE			
Employee only	$1,053.00	$1,053.00	$0.00
Employee and 1 dependent	$2,253.00	$1,916.67	$336.33
Employee and 2 or more dependents	$3,138.00	$1,916.67	$1,221.33
KAISER DHMO - HSA			
Employee only	$970.00	$970.00	$0.00
Employee and 1 dependent	$2,077.00	$1,916.67	$160.33
Employee and 2 or more dependents	$2,892.00	$1,916.67	$975.33
ANTHEM BLUE CROSS PPO - 100%			
Employee only	$1,420.00	$1,420.00	$0.00
Employee and 1 dependent	$3,041.00	$1,916.67	$1,124.33
Employee and 2 or more dependents	$4,247.00	$1,916.67	$2,330.33
ANTHEM BLUE CROSS PPO - DEDUCTIBLE			
Employee only	$1,160.00	$1,160.00	$0.00
Employee and 1 dependent	$2,469.00	$1,916.67	$552.33
Employee and 2 or more dependents	$3,440.00	$1,916.67	$1,523.33
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	$1,916.67	$648.33

CAP: $1,916.67

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 - $10,000	$2.21	$2.21	$0.00
Dependent life - $1,000	$0.56	$0.00	$0.56

CAP: $116.66

TOTAL CAP: $2,033.33 ($1916.67 Health, $116.66 Dental/Vision/Life)