

MARIN COUNTY OFFICE OF EDUCATION

CLASSIFIED EMPLOYEES (CSEA)

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
<u>KAISER HMO - TRADITIONAL</u>			
Employee only	\$1,229.00	\$1,229.00	\$0.00
Employee and 1 dependent	\$2,630.00	\$1,917.77	\$712.23
Employee and 2 or more dependents	\$3,663.00	\$1,917.77	\$1,745.23
<u>KAISER DHMO - DEDUCTIBLE</u>			
Employee only	\$1,053.00	\$1,053.00	\$0.00
Employee and 1 dependent	\$2,253.00	\$1,917.77	\$335.23
Employee and 2 or more dependents	\$3,138.00	\$1,917.77	\$1,220.23
<u>KAISER DHMO - HSA</u>			
Employee only	\$970.00	\$970.00	\$0.00
Employee and 1 dependent	\$2,077.00	\$1,917.77	\$159.23
Employee and 2 or more dependents	\$2,892.00	\$1,917.77	\$974.23
<u>ANTHEM BLUE CROSS PPO - 100%</u>			
Employee only	\$1,420.00	\$1,420.00	\$0.00
Employee and 1 dependent	\$3,041.00	\$1,917.77	\$1,123.23
Employee and 2 or more dependents	\$4,247.00	\$1,917.77	\$2,329.23
<u>ANTHEM BLUE CROSS PPO - DEDUCTIBLE</u>			
Employee only	\$1,160.00	\$1,160.00	\$0.00
Employee and 1 dependent	\$2,469.00	\$1,917.77	\$551.23
Employee and 2 or more dependents	\$3,440.00	\$1,917.77	\$1,522.23
<u>ANTHEM BLUE CROSS PPO - HSA</u>			
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	\$1,917.77	\$647.23

CAP: \$1,917.77

DENTAL, VISION and LIFE

Plans	Monthly Rates	MCOE Pays	Employee Pays
<u>DELTA DENTAL</u>			
Employee and dependents	\$97.81	\$97.81	\$0.00
<u>VISION SERVICE PLAN (VSP)</u>			
Employee and dependents	\$14.72	\$14.72	\$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: \$115.23

TOTAL CAP: \$2033 (\$1,917.77 Health, \$115.23 Dental/Vision/Life)