

MARIN COUNTY OFFICE OF EDUCATION

PERSONNEL COMMISSIONERS, MCBOE MEMBERS **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
<u>KAISER HMO - TRADITIONAL</u>			
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
<u>KAISER DHMO - DEDUCTIBLE</u>			
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
<u>KAISER DHMO - HSA</u>			
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
<u>ANTHEM BLUE CROSS PPO - 100%</u>			
Employee only	\$1,420.00	\$1,420.00	\$0.00
Employee and 1 dependent	\$3,041.00	\$1,918.55	\$1,122.45
Employee and 2 or more dependents	\$4,247.00	\$1,918.55	\$2,328.45
<u>ANTHEM BLUE CROSS PPO - DEDUCTIBLE</u>			
Employee only	\$1,160.00	\$1,160.00	\$0.00
Employee and 1 dependent	\$2,469.00	\$1,918.55	\$550.45
Employee and 2 or more dependents	\$3,440.00	\$1,918.55	\$1,521.45
<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	\$1,918.55	\$646.45

CAP: \$1,918.55

DENTAL and VISION

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	\$16.64	\$16.64	\$0.00

CAP: \$114.45

TOTAL CAP: \$2033.00 (\$1,918.55 Health, \$114.45 Dental/Vision)