

Santa Clara County  Office of Education

Benefit Plans	12-Month EE Monthly Contribution	11-Month EE Monthly Contribution	10-Month EE Monthly Contribution
Anthem PPO	\$935.00	\$1,020.00	\$1,122.00
<i>*Anthem PPO Deductible</i>	\$501.00	\$546.55	\$601.20
Anthem PPO High Deductible	\$77.00	\$84.00	\$92.40
<i>*Kaiser HMO</i>	\$313.00	\$341.45	\$375.60
<i>*Kaiser HMO Deductible</i>	\$235.00	\$256.36	\$282.00
Kaiser HMO High Deductible	\$0.00	\$0.00	\$0.00
Delta Dental - Economy	\$0.00	\$0.00	\$0.00
<i>*Delta Dental - Core</i>	\$0.00	\$0.00	\$0.00
<i>**Vision - VSP</i>	\$0.00	\$0.00	\$0.00

***\*Enhanced Plan Benefits***

***\*\* New Carrier with Enhanced Benefits***

The above costs are based on composite rates. Monthly cost is same for Single or Family coverage. The SCCOE pays up to \$1,275 towards the monthly medical cost and the full monthly dental and vision costs for employees working 6 or more hours per day. If you work less than 6 hours per day, please contact your Employee Benefits Specialist for monthly premium rates.