Santa Clara County Office of Education

10/1/2026 - 9/30/2027 Monthly Contribution Rates

Benefit Plans	Monthly Premium	SCCOE Contribution	12-Month EE Monthly Contribution	11-Month EE Monthly Contribution	10-Month EE Monthly Contribution
Anthem PPO	$2,887.00	$2,040.60	$846.40	$923.35	$1015.68
Anthem PPO Deductible	$2,325.00	$2,040.60	$284.40	$310.25	$341.28
Anthem PPO High Deductible	$1,710.00	$1,710.00	$0.00	$0.00	$0.00
Anthem HMO	$2,474.00	$2,040.60	$433.40	$472.80	$520.08
Kaiser HMO	$2,148.00	$2,040.60	$107.40	$117.16	$128.88
Kaiser HMO Deductible	$2,043.00	$2,040.60	$2.40	$2.62	$2.88
Kaiser HMO High Deductible	$1,694.00	$1,694.00	$0.00	$0.00	$0.00
Delta Dental - Economy	$182.79	$182.79	$0.00	$0.00	$0.00
Delta Dental - Core	$222.70	$222.70	$0.00	$0.00	$0.00
Vision - VSP	$28.03	$28.03	$0.00	$0.00	$0.00

The above premium amounts are based on a composite rate. Monthly cost is same for Single or Family coverage. **The SCCOE pays up to $2040.60 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.