Santa Clara County Office of Education

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

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	$1,844.00	$1,043.00	$1,137.82	$1,251.60
Anthem PPO Deductible	$2,325.00	$1,844.00	$481.00	$524.73	$577.20
Anthem PPO High Deductible	$1,710.00	$1,710.00	$0.00	$0.00	$0.00
Anthem HMO	$2,474.00	$1,844.00	$630.00	$687.27	$756.00
Kaiser HMO	$2,148.00	$1,844.00	$304.00	$331.64	$364.80
Kaiser HMO Deductible	$2,043.00	$1,844.00	$199.00	$217.09	$238.80
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 $1,844.00 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 specific monthly premium rates.