

Monthly Contribution Rates- SEIU, PSWA and LT 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	\$1,933.20	\$953.80	\$1,040.51	\$1,144.56
Anthem PPO Deductible	\$2,325.00	\$1,933.20	\$391.80	\$427.42	\$470.16
Anthem PPO High Deductible	\$1,710.00	\$1,710.00	\$0.00	\$0.00	\$0.00
Anthem HMO	\$2,474.00	\$1,933.20	\$540.80	\$589.96	\$648.96
Kaiser HMO	\$2,148.00	\$1,933.20	\$214.80	\$234.33	\$257.76
Kaiser HMO Deductible	\$2,043.00	\$1,933.20	\$109.80	\$119.78	\$131.76
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 \$1,933.20 (90% of Kaiser HMO monthly premium) 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.