

10/1/2025 - 9/30/2026 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	\$2637.00	\$1844.00	\$793.00	\$865.09	951.60
Anthem PPO Deductible	\$2121.00	\$1844.00	\$277.00	\$302.18	\$332.40
Anthem PPO High Deductible	\$1555.00	\$1555.00	\$0.00	\$0.00	\$0.00
Anthem HMO	\$2259.00	\$1844.00	\$415.00	\$452.73	\$498.00
Kaiser HMO	\$1991.00	\$1844.00	\$147.00	\$160.36	\$176.40
Kaiser HMO Deductible	\$1893.00	\$1844.00	\$49.00	\$53.45	\$58.80
Kaiser HMO High Deductible	\$1570.00	\$1570.00	\$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 monthly premium rates.