

10/1/2024 - 9/30/2025 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	\$2426.00	\$1844.00	\$582.00	\$634.91	\$698.40
Anthem PPO Deductible	\$1951.00	\$1844.00	\$107.00	\$116.73	\$128.40
Anthem PPO High Deductible	\$1426.00	\$1426.00	\$0.00	\$0.00	\$0.00
Kaiser HMO	\$1844.00	\$1844.00	\$0.00	\$0.00	\$0.00
Kaiser HMO Deductible	\$1754.00	\$1754.00	\$0.00	\$0.00	\$0.00
Kaiser HMO High Deductible	\$1454.00	\$1454.00	\$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.