

Employee Month Rates as of 10/1/2023 - 9/30/2024

Benefit Plans	12-Month EE Monthly Contribution	11-Month EE Monthly Contribution	10-Month EE Monthly Contribution
Anthem PPO	\$610.00	\$665.45	\$732.00
Anthem PPO Deductible	\$158.00	\$172.36	\$189.60
Anthem PPO High Deductible	\$0.00	\$0.00	\$0.00
Kaiser HMO	\$0.00	\$0.00	\$0.00
Kaiser HMO Deductible	\$0.00	\$0.00	\$0.00
Kaiser HMO High Deductible	\$0.00	\$0.00	\$0.00
Delta Dental - Economy	\$0.00	\$0.00	\$0.00
Delta Dental - Core	\$0.00	\$0.00	\$0.00
Vision - VSP	\$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 \$1,702.00 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.