

Yosemite Community College District
Super-Composite and COBRA Monthly Premium Rates
Effective: October 1, 2021 – September 30, 2022

Super Composite YCCD Benefit Premiums

Carrier	Monthly Premium
Kaiser HMO (District Paid)	\$1,621.00
Blue Shield PPO 80%-G (District Paid)	\$1,726.00
Blue Shield PPO 80%-C	\$1,916.00
Blue Shield PPO 90%-G	\$1,946.00
Blue Shield PPO 100%-D	\$2,036.00
Delta Dental – Incentive 70%-100%	\$110.30
Delta Dental – PPO 100%	\$91.00
Vision Service Plan	\$22.10

COBRA Benefit Premiums – Includes SISC’s Administration Fee
(Continuation of Coverage is at Employee’s Expense)

Carrier	Monthly Premium
Kaiser HMO	\$1,851.52
Blue Shield PPO 80%-G	\$1,933.12
Blue Shield PPO 80%-C	\$2,145.92
Blue Shield PPO 90%-G	\$2,179.52
Blue Shield PPO 100%-D	\$2,280.32
Delta Dental – Incentive 70%-100%	\$123.54
Delta Dental – PPO 100%	\$101.92
Vision Service Plan	\$24.75

Please note: COBRA Benefits are administered by SISC III – rates may vary slightly

- Health coverage **may be elected** without the dental and vision coverage.
- Dental and vision coverage **may not be elected** without the health coverage.
- To further research other options for Health & Welfare Benefits visit: www.coverageforall.org (not affiliated with YCCD)