

**Yosemite Community College District
Super-Composite and COBRA Monthly Premium Rates
Effective: October 1, 2018 – September 30, 2019**

Super Composite YCCD Benefit Premiums

Carrier	Monthly Premium
Kaiser HMO	\$ 1,372.00
Blue Shield PPO 80%-G	\$ 1,492.00
Blue Shield PPO 90%	\$ 1,664.00
Blue Shield PPO 80%-C	\$ 1,656.00
Blue Shield PPO 100%	\$ 1,759.00
Delta Dental – Incentive 70%-100%	\$ 112.80
Delta Dental – PPO 100%	\$ 96.00
Vision Service Plan	\$ 22.10

COBRA Benefit Premiums

(Continuation of Coverage is at Employee's Expense)

Carrier	Monthly Premium
Kaiser HMO	\$ 1,399.44
Blue Shield PPO 80%-G	\$ 1,521.84
Blue Shield PPO 90%	\$ 1,697.28
Blue Shield PPO 80%-C	\$ 1,689.12
Blue Shield PPO 100%	\$ 1,794.18
Delta Dental – Incentive 70%-100%	\$ 115.06
Delta Dental – PPO 100%	\$ 97.92
Vision Service Plan	\$ 22.54

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

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