

**Yosemite Community College District**  
**Super-Composite and COBRA Monthly Premium Rates**  
**Effective: October 1, 2019 – September 30, 2020**

**Super Composite YCCD Benefit Premiums**

Carrier	Monthly Premium
Kaiser HMO	\$ 1,500.00
Blue Shield PPO 80%-G	\$ 1,600.00
Blue Shield PPO 90%	\$ 1,799.00
Blue Shield PPO 80%-C	\$ 1,776.00
Blue Shield PPO 100%	\$ 1,887.00
Delta Dental – Incentive 70%-100%	\$ 115.30
Delta Dental – PPO 100%	\$ 96.00
Vision Service Plan	\$ 22.10

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

Carrier	Monthly Premium
<b>Kaiser HMO</b>	<b>\$ 1,575.00</b>
<b>Blue Shield PPO 80%-G</b>	<b>\$ 1,680.00</b>
<b>Blue Shield PPO 90%</b>	<b>\$ 1,888.95</b>
<b>Blue Shield PPO 80%-C</b>	<b>\$ 1,864.80</b>
<b>Blue Shield PPO 100%</b>	<b>\$ 1,981.35</b>
<b>Delta Dental – Incentive 70%-100%</b>	<b>\$ 117.61</b>
<b>Delta Dental – PPO 100%</b>	<b>\$ 97.92</b>
<b>Vision Service Plan</b>	<b>\$ 22.54</b>

**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](http://www.coverageforall.org) (not affiliated with YCCD)