

**Yosemite Community College District
Super-Composite and COBRA Monthly Premium Rates
Effective: October 1, 2020 – September 30, 2021**

Super Composite YCCD Benefit Premiums

Carrier	Monthly Premium
Kaiser HMO (District Paid)	\$1,537.00
Blue Shield PPO 80%-G (District Paid)	\$1,656.00
Blue Shield PPO 80%-C	\$1,839.00
Blue Shield PPO 90%-G	\$1,861.00
Blue Shield PPO 100%-D	\$1,955.00
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	\$1,721.44
Blue Shield PPO 80%-G	\$1,854.72
Blue Shield PPO 80%-C	\$2,059.68
Blue Shield PPO 90%-G	\$2,084.32
Blue Shield PPO 100%-D	\$2,189.60
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)