

**Yosemite Community College District
Super-Composite and COBRA Monthly Premium Rates
Effective: October 1, 2024 – September 30, 2025**

Super Composite YCCD Benefit Premiums

Carrier	Monthly Premium
Kaiser HMO (District Paid)	\$1,962.00
Blue Shield PPO 80%-G (District Paid)	\$1,983.00
Blue Shield PPO 80%-C	\$2,203.00
Blue Shield PPO 90%-G	\$2,233.00
Blue Shield PPO 100%-D	\$2,374.00
Delta Dental – Incentive 70%-100%	\$105.30
Delta Dental – PPO 100%	\$85.00
Vision Service Plan	\$18.70

**COBRA Benefit Premiums – Includes SISC’s 12% Administration Fee
(Continuation of Coverage is at Employee’s Expense)**

Carrier	Monthly Premium
Kaiser HMO	\$2,197.44
Blue Shield PPO 80%-G	\$2,220.96
Blue Shield PPO 80%-C	\$2,467.36
Blue Shield PPO 90%-G	\$2,500.96
Blue Shield PPO 100%-D	\$2,658.88
Delta Dental – Incentive 70%-100%	\$117.94
Delta Dental – PPO 100%	\$95.20
Vision Service Plan	\$20.94

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)