

HCOE Insurance Rates | .68570 Classified FTE | 2024-2025

12 Month

Oak				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$208.84	\$331.84	\$231.84	\$354.84
Employee & Spouse/Partner	\$497.06	\$620.06	\$520.06	\$643.06
Employee & Children	\$385.48	\$508.48	\$408.48	\$531.48
Employee & Family	\$632.21	\$755.21	\$655.21	\$778.21

Spruce				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$118.84	\$18.84	\$141.84
Employee & Spouse/Partner	\$84.06	\$207.06	\$107.06	\$230.06
Employee & Children	\$44.48	\$167.48	\$67.48	\$190.48
Employee & Family	\$120.21	\$243.21	\$143.21	\$266.21

Pine				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

Maple				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$38.84	\$0.00	\$61.84
Employee & Spouse/Partner	\$0.00	\$53.06	\$0.00	\$76.06
Employee & Children	\$48.48	\$171.48	\$71.48	\$194.48
Employee & Family	\$58.21	\$181.21	\$81.21	\$204.21

11 Month

Oak				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$227.83	\$362.01	\$252.92	\$387.10
Employee & Spouse/Partner	\$542.24	\$676.43	\$567.34	\$701.52
Employee & Children	\$420.53	\$554.71	\$445.62	\$579.80
Employee & Family	\$689.68	\$823.86	\$714.77	\$848.95

Spruce				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$129.65	\$20.56	\$154.74
Employee & Spouse/Partner	\$91.70	\$225.88	\$116.79	\$250.97
Employee & Children	\$48.53	\$182.71	\$73.62	\$207.80
Employee & Family	\$131.13	\$265.32	\$156.23	\$290.41

Pine				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

Maple				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$42.38	\$0.00	\$67.47
Employee & Spouse/Partner	\$0.00	\$57.88	\$0.00	\$82.97
Employee & Children	\$52.89	\$187.07	\$77.98	\$212.16
Employee & Family	\$63.50	\$197.68	\$88.59	\$222.77

10 Month

Oak				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$250.61	\$398.21	\$278.21	\$425.81
Employee & Spouse/Partner	\$596.47	\$744.07	\$624.07	\$771.67
Employee & Children	\$462.58	\$610.18	\$490.18	\$637.78
Employee & Family	\$758.65	\$906.25	\$786.25	\$933.85

Spruce				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$142.61	\$22.61	\$170.21
Employee & Spouse/Partner	\$100.87	\$248.47	\$128.47	\$276.07
Employee & Children	\$53.38	\$200.98	\$80.98	\$228.58
Employee & Family	\$144.25	\$291.85	\$171.85	\$319.45

Pine				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

Maple				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$46.61	\$0.00	\$74.21
Employee & Spouse/Partner	\$0.00	\$63.67	\$0.00	\$91.27
Employee & Children	\$58.18	\$205.78	\$85.78	\$233.38
Employee & Family	\$69.85	\$217.45	\$97.45	\$245.05