

HCOE Insurance Rates | .70 Management FTE | 2024-2025

12 Month

Oak				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$199.70	\$312.70	\$222.70	\$335.70
Employee & Spouse/Partner	\$474.80	\$587.80	\$497.80	\$610.80
Employee & Children	\$368.30	\$481.30	\$391.30	\$504.30
Employee & Family	\$603.80	\$716.80	\$626.80	\$719.80

Spruce				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$99.70	\$9.70	\$122.70
Employee & Spouse/Partner	\$61.80	\$174.80	\$84.80	\$197.80
Employee & Children	\$27.30	\$140.30	\$50.30	\$163.30
Employee & Family	\$91.80	\$204.80	\$114.80	\$227.80

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	\$19.70	\$0.00	\$42.70
Employee & Spouse/Partner	\$0.00	\$20.80	\$0.00	\$43.80
Employee & Children	\$31.30	\$144.30	\$54.30	\$167.30
Employee & Family	\$29.80	\$142.80	\$52.80	\$165.80

11 Month

Oak				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$217.85	\$341.13	\$242.95	\$366.22
Employee & Spouse/Partner	\$517.96	\$641.24	\$543.05	\$666.33
Employee & Children	\$401.78	\$525.05	\$426.87	\$550.15
Employee & Family	\$658.69	\$781.96	\$683.78	\$785.24

Spruce				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$108.76	\$10.58	\$133.85
Employee & Spouse/Partner	\$67.42	\$190.69	\$92.51	\$215.78
Employee & Children	\$29.78	\$153.05	\$54.87	\$178.15
Employee & Family	\$100.15	\$223.42	\$125.24	\$248.51

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	\$21.49	\$0.00	\$46.58
Employee & Spouse/Partner	\$0.00	\$22.69	\$0.00	\$47.78
Employee & Children	\$34.15	\$157.42	\$59.24	\$182.51
Employee & Family	\$32.51	\$155.78	\$57.60	\$180.87

10 Month

Oak				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$239.64	\$375.24	\$267.24	\$402.84
Employee & Spouse/Partner	\$569.76	\$705.36	\$597.36	\$732.96
Employee & Children	\$441.96	\$577.56	\$469.56	\$605.16
Employee & Family	\$724.56	\$860.16	\$752.16	\$863.76

Spruce				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$119.64	\$11.64	\$147.24
Employee & Spouse/Partner	\$74.16	\$209.76	\$101.76	\$237.36
Employee & Children	\$32.76	\$168.36	\$60.36	\$195.96
Employee & Family	\$110.16	\$245.76	\$137.76	\$273.36

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	\$23.64	\$0.00	\$51.24
Employee & Spouse/Partner	\$0.00	\$24.96	\$0.00	\$52.56
Employee & Children	\$37.56	\$173.16	\$65.16	\$200.76
Employee & Family	\$35.76	\$171.36	\$63.36	\$198.96