HCOE Insurance Rates | .85710 Classified FTE | 2024-2025

12 Month 11 Month

		Oak		
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$15.33	\$138.33	\$38.33	\$161.33
Employee & Spouse/Partner	\$146.37	\$269.37	\$169.37	\$292.37
Employee & Children	\$95.64	\$218.64	\$118.64	\$241.64
Employee &	\$207.82	\$330.82	\$230.82	\$353.82

Family	\$201.0Z	φ330.02	φ230.02	ψ333.0Z
		Spruce		
Benefit Choice*	Medical Only	Medical &	Medical &	Medical, Dental &
Bellett Choice	Wedical Offig	Dental	Vision	Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee &	60.00	60.00	¢0.00	00.00
Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee &	\$0.00	\$0.00	\$0.00	\$0.00
Children	φυ.υυ	φυ.υυ	φ0.00	φυ.υυ

\$0.00

\$0.00

\$0.00

		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	\$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	

		Oak		
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$16.73	\$150.91	\$41.82	\$176.00
Employee & Spouse/Partner	\$159.68	\$293.86	\$184.77	\$318.95
Employee & Children	\$104.34	\$238.52	\$129.43	\$263.61
Employee & Family	\$226.71	\$360.89	\$251.80	\$385.99

Spruce				
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

		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	\$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

10 Month

Oak					
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision	
Employee Only	\$18.40	\$166.00	\$46.00	\$193.60	
Employee & Spouse/Partner	\$175.65	\$323.25	\$203.25	\$350.85	
Employee & Children	\$114.77	\$262.37	\$142.37	\$289.97	
Employee & Family	\$249.38	\$396.98	\$276.98	\$424.58	

Spruce				
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

		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	\$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