

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT  
 Classified & Confidential/Supervisory  
 BENEFITS RATE SHEET FOR EMPLOYEES 50% TO 90%  
 PLAN YEAR JULY 1, 2023 to JUNE 30, 2024

<b>Kaiser High \$5 plan</b>						
EE Premium = 936.92		EE+1 Prem = 1,873.83		Fam Prem. = 2,810.75		
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	50.00	886.92	100.00	1,773.83	150.00	2,660.75
50%	468.46	468.46	936.91	936.92	1,405.37	1,405.38
55%	421.61	515.31	843.22	1,030.61	1,264.84	1,545.91
60%	374.77	562.15	749.53	1,124.30	1,124.30	1,686.45
<b>75%</b>	<b>234.23</b>	<b>702.69</b>	<b>468.46</b>	<b>1,405.37</b>	<b>702.69</b>	<b>2,108.06</b>
80%	187.38	749.54	374.77	1,499.06	562.15	2,248.60
87.5%	117.11	819.81	234.23	1,639.60	351.34	2,459.41
70%	281.08	655.84	562.15	1,311.68	843.22	1,967.53
62.5%	351.34	585.58	702.69	1,171.14	1,054.03	1,756.72
65.0%	327.92	609.00	655.84	1,217.99	983.76	1,826.99

<b>Kaiser Low \$20 plan</b>						
EE Premium = 909.79		EE+1 Prem = 1,819.57		Fam Prem. = 2,729.36		
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	20.00	889.79	40.00	1,779.57	60.00	2,669.36
50%	454.89	454.90	909.78	909.79	1,364.68	1,364.68
55%	409.41	500.38	818.81	1,000.76	1,228.21	1,501.15
60%	363.92	545.87	727.83	1,091.74	1,091.74	1,637.62
62.5%	341.17	568.62	682.34	1,137.23	1,023.51	1,705.85
65%	318.43	591.36	636.85	1,182.72	955.28	1,774.08
70%	272.94	636.85	545.87	1,273.70	818.81	1,910.55
<b>75%</b>	<b>227.45</b>	<b>682.34</b>	<b>454.89</b>	<b>1,364.68</b>	<b>682.34</b>	<b>2,047.02</b>
80%	181.96	727.83	363.91	1,455.66	545.87	2,183.49
87.5%	113.72	796.07	227.45	1,592.12	341.17	2,388.19

<b>Anthem Blue Cross - HMO High \$15</b>						
EE Premium = 1,329.51		EE+1 Prem = 2,657.30		Fam Prem. = 4,387.03		
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	85.00	1,244.51	170.00	2,487.30	255.00	4,132.03
50%	664.75	664.76	1,328.65	1,328.65	2,193.51	2,193.52
55%	598.28	731.23	1,195.78	1,461.52	1,974.16	2,412.87
60%	531.80	797.71	1,062.92	1,594.38	1,754.81	2,632.22
<b>75%</b>	<b>332.37</b>	<b>997.14</b>	<b>664.32</b>	<b>1,992.98</b>	<b>1,096.76</b>	<b>3,290.27</b>
80%	265.90	1,063.61	531.46	2,125.84	877.41	3,509.62
87.5%	166.19	1,163.32	332.16	2,325.14	548.38	3,838.65
62.5%	498.57	830.94	996.49	1,660.81	1,645.14	2,741.89
65%	465.33	864.18	930.05	1,727.25	1,535.46	2,851.57
70%	398.85	930.66	797.19	1,860.11	1,316.11	3,070.92

<b>Anthem Blue Cross - HMO Low \$30</b>						
<b>EE Premium = 1,272.88</b>		<b>EE+1 Prem. = 2,543.70</b>		<b>Fam Prem = 4,200.24</b>		
<b>Wk %</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>
100%	50.00	1,222.88	100.00	2,443.70	150.00	4,050.24
50%	636.44	636.44	1,271.85	1,271.85	2,100.12	2,100.12
55%	572.80	700.08	1,144.66	1,399.04	1,890.11	2,310.13
60%	509.15	763.73	1,017.48	1,526.22	1,680.10	2,520.14
62.5%	477.33	795.55	953.89	1,589.81	1,575.09	2,625.15
65.0%	445.51	827.37	890.29	1,653.41	1,470.08	2,730.16
70%	381.86	891.02	763.11	1,780.59	1,260.07	2,940.17
<b>75%</b>	<b>318.22</b>	<b>954.66</b>	<b>635.92</b>	<b>1,907.78</b>	<b>1,050.06</b>	<b>3,150.18</b>
80%	254.58	1,018.30	508.74	2,034.96	840.05	3,360.19

<b>Anthem Blue Cross - PPO</b>						
<b>EE Premium = 2,462.78</b>		<b>EE+1 Prem. = 4,926.43</b>		<b>Fam Prem. = 8,128.48</b>		
<b>Wk %</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>
100%	1,133.27	1,329.51	2,269.13	2,657.30	3,741.45	4,387.03
50%	1,798.02	664.76	3,597.78	1,328.65	5,934.96	2,193.52
55%	1,731.55	731.23	3,464.91	1,461.52	5,715.61	2,412.87
60%	1,665.07	797.71	3,332.05	1,594.38	5,496.26	2,632.22
65%	2,030.69	432.09	4,062.81	863.62	6,702.70	1,425.78
<b>75%</b>	<b>1,465.64</b>	<b>997.14</b>	<b>2,933.45</b>	<b>1,992.98</b>	<b>4,838.21</b>	<b>3,290.27</b>
80%	1,399.17	1,063.61	2,800.59	2,125.84	4,618.86	3,509.62
87.5%	1,299.46	1,163.32	2,601.29	2,325.14	4,289.83	3,838.65

<b>Delta Dental Standard</b>						
<b>EE Premium = 62.88</b>		<b>EE+1 Prem. = 125.77</b>		<b>Fam Prem. = 185.51</b>		
<b>Wk %</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>
100%	0.00	62.88	0.00	125.77	0.00	185.51
50%	31.44	31.44	62.88	62.89	92.75	92.76
55%	28.31	34.57	56.60	69.17	83.48	102.03
60%	25.15	37.73	50.31	75.46	74.20	111.31
<b>75%</b>	<b>15.72</b>	<b>47.16</b>	<b>31.44</b>	<b>94.33</b>	<b>46.38</b>	<b>139.13</b>
80%	12.58	50.30	25.15	100.62	37.10	148.41
87.5%	7.86	55.02	15.72	110.05	23.19	162.32
62.5%	23.58	39.30	47.16	78.61	69.57	115.94
65%	22.01	40.87	44.02	81.75	64.93	120.58
70%	18.86	44.02	37.73	88.04	55.65	129.86

<b>Delta Dental Enhanced</b>						
<b>EE Premium = 77.93</b>		<b>EE+1 Prem = 155.86</b>		<b>Fam Prem. = 229.89</b>		
<b>Wk %</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>
100%	15.05	62.88	30.09	125.77	44.38	185.51
50%	38.96	38.97	77.93	77.93	114.94	114.95
55%	35.07	42.86	70.14	85.72	103.45	126.44
60%	31.17	46.76	62.34	93.52	91.96	137.93
62.5%	29.22	48.71	58.45	97.41	86.21	143.68
65%	27.28	50.65	54.55	101.31	80.46	149.43
70%	23.38	54.55	46.76	109.10	68.97	160.92
<b>75%</b>	<b>19.48</b>	<b>58.45</b>	<b>38.96</b>	<b>116.90</b>	<b>57.47</b>	<b>172.42</b>
80%	15.59	62.34	31.17	124.69	45.98	183.91
87.5%	9.74	68.19	19.48	136.38	28.74	201.15

<b>VSP Vision Service Plan</b>						
<b>EE Premium = 11.71</b>		<b>EE+1 Prem. = 23.41</b>		<b>Fam Prem. = 35.12</b>		
<b>Wk %</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>
100%	0.00	11.71	0.00	23.41	0.00	35.12
50%	5.85	5.86	11.70	11.71	17.56	17.56
55%	5.27	6.44	10.53	12.88	15.80	19.32
60%	4.68	7.03	9.36	14.05	14.05	21.07
<b>75%</b>	<b>2.93</b>	<b>8.78</b>	<b>5.85</b>	<b>17.56</b>	<b>8.78</b>	<b>26.34</b>
80%	2.34	9.37	4.68	18.73	7.02	28.10
87.5%	1.46	10.25	2.93	20.48	4.39	30.73
62.5%	4.39	7.32	8.78	14.63	13.17	21.95
65%	4.10	7.61	8.19	15.22	12.29	22.83
70%	3.51	8.20	7.02	16.39	10.54	24.58

<b>Employee Basic Life Insurance</b>					<b>75.0%</b>
<b>EE Age</b>	<b>Benefit</b>	<b>Premium</b>	<b>Amt 1 - EE</b>	<b>Amt 2 - ER</b>	
Up to 40	\$140,000	\$28.00	\$7.00	\$21.00	
40 - 44	\$120,000	\$24.00	\$6.00	\$18.00	
45 - 49	\$100,000	\$20.00	\$5.00	\$15.00	
50 - 54	\$90,000	\$18.00	\$4.50	\$13.50	
55 - 59	\$80,000	\$16.00	\$4.00	\$12.00	
60 - 64	\$70,000	\$14.00	\$3.50	\$10.50	
65 - 66	\$50,000	\$10.00	\$2.50	\$7.50	
67 - 69	\$24,000	\$4.80	\$1.20	\$3.60	
70+	\$5,000	\$1.00	\$0.25	\$0.75	

Call the Benefits Office for other percentages (%) cost.

EE = Employee  
 EE+1 = Employee plus one dependent  
 Fam = Employee plus two or more dependents  
 ER = Employer