



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Benefits Office



**Classified - Academic - Executive Administrators,
Classified & Confidential/Supervisory, Trustees**
Monthly Premium Rates
Fiscal Year July 1, 2024 - June 30, 2025

	Monthly Premium	District Contribution	Employee Contribution	Annual Contribution
Kaiser Permanente High HMO \$5 co-pay	\$	\$	\$	
Employee only	936.92	886.92	50.00	600.00
Employee + 1	1,873.83	1,773.83	100.00	1,200.00
Employee + 2 or more	2,810.75	2,660.75	150.00	1,800.00
Kaiser Permanente Low HMO \$20 co-pay				
Employee only	909.79	889.79	20.00	240.00
Employee + 1	1,819.57	1,779.57	40.00	480.00
Employee + 2 or more	2,729.36	2,669.36	60.00	720.00
Anthem Blue Cross High HMO (\$15 plan)				
Employee only	1,382.69	1,297.69	85.00	1,020.00
Employee + 1	2,763.59	2,593.59	170.00	2,040.00
Employee + 2 or more	4,562.51	4,307.51	255.00	3,060.00
Anthem Blue Cross HMO \$30 co-pay (Low HMO Plan)				
Employee only	1,323.80	1,273.80	50.00	600.00
Employee + 1	2,645.45	2,545.45	100.00	1,200.00
Employee + 2 or more	4,368.25	4,218.25	150.00	1,800.00
Anthem Blue Cross PPO				
Employee only	2,561.29	1,382.69	1,178.60	14,143.20
Employee + 1	5,123.48	2,763.59	2,359.89	28,318.68
Employee + 2 or more	8,453.61	4,562.51	3,891.10	46,693.20
Delta Dental - Standard				
Employee only	62.88	62.88	0.00	0.00
Employee + 1	125.77	125.77	0.00	0.00
Employee + 2 or more	185.51	185.51	0.00	0.00
Delta Dental - Enhanced				
Employee only	77.93	62.88	15.05	180.60
Employee + 1	155.86	125.77	30.09	361.08
Employee + 2 or more	229.89	185.51	44.38	532.56
VSP Vision				
Employee only	11.71	11.71	0.00	0.00
Employee + 1	23.41	23.41	0.00	0.00
Employee + 2 or more	35.12	35.12	0.00	0.00

Rates are subject to change July 1 of each year.