

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Classified & Confidential/Supervisory
BENEFITS RATE SHEET FOR EMPLOYEES 50% TO 90%
PLAN YEAR JULY 1, 2024 to JUNE 30, 2025

Kaiser High \$5 plan						
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
75%	234.23	702.69	468.46	1,405.37	702.69	2,108.06
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

Kaiser Low \$20 plan						
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
75%	227.45	682.34	454.89	1,364.68	682.34	2,047.02
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

Anthem Blue Cross - HMO High \$15						
EE Premium = 1,382.69		EE+1 Prem = 2,763.59		Fam Prem. = 4,562.51		
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	85.00	1,297.69	170.00	2,593.59	255.00	4,307.51
50%	691.34	691.35	1,381.79	1,381.80	2,281.25	2,281.26
55%	622.21	760.48	1,243.62	1,519.97	2,053.13	2,509.38
60%	553.08	829.61	1,105.44	1,658.15	1,825.00	2,737.51
75%	345.66	1,037.03	690.90	2,072.69	1,140.63	3,421.88
80%	276.54	1,106.15	552.72	2,210.87	912.50	3,650.01
87.5%	172.84	1,209.85	345.45	2,418.14	570.31	3,992.20
62.5%	518.51	864.18	1,036.35	1,727.24	1,710.94	2,851.57
65%	483.94	898.75	967.26	1,796.33	1,596.88	2,965.63
70%	414.81	967.88	829.08	1,934.51	1,368.75	3,193.76

Anthem Blue Cross - HMO Low \$30						
EE Premium = 1,323.80		EE+1 Prem. = 2,645.45		Fam Prem = 4,368.25		
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	50.00	1,273.80	100.00	2,545.45	150.00	4,218.25
50%	661.90	661.90	1,322.72	1,322.73	2,184.12	2,184.13
55%	595.71	728.09	1,190.45	1,455.00	1,965.71	2,402.54
60%	529.52	794.28	1,058.18	1,587.27	1,747.30	2,620.95
62.5%	496.42	827.38	992.04	1,653.41	1,638.09	2,730.16
65.0%	463.33	860.47	925.91	1,719.54	1,528.89	2,839.36
70%	397.14	926.66	793.63	1,851.82	1,310.47	3,057.78
75%	330.95	992.85	661.36	1,984.09	1,092.06	3,276.19
80%	264.76	1,059.04	529.09	2,116.36	873.65	3,494.60

Anthem Blue Cross - PPO						
EE Premium = 2,561.29		EE+1 Prem. = 5,123.48		Fam Prem. = 8,453.61		
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	1,178.60	1,382.69	2,359.89	2,763.59	3,891.10	4,562.51
50%	1,869.94	691.35	3,741.68	1,381.80	6,172.35	2,281.26
55%	1,800.81	760.48	3,603.51	1,519.97	5,944.23	2,509.38
60%	1,731.68	829.61	3,465.33	1,658.15	5,716.10	2,737.51
65%	2,111.92	449.37	4,225.31	898.17	6,970.79	1,482.82
75%	1,524.26	1,037.03	3,050.79	2,072.69	5,031.73	3,421.88
80%	1,455.14	1,106.15	2,912.61	2,210.87	4,803.60	3,650.01
87.5%	1,351.44	1,209.85	2,705.34	2,418.14	4,461.41	3,992.20

Delta Dental Standard						
EE Premium = 62.88		EE+1 Prem. = 125.77		Fam Prem. = 185.51		
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
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
75%	15.72	47.16	31.44	94.33	46.38	139.13
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

Delta Dental Enhanced						
EE Premium = 77.93		EE+1 Prem = 155.86		Fam Prem. = 229.89		
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
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
75%	19.48	58.45	38.96	116.90	57.47	172.42
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

VSP Vision Service Plan						
EE Premium = 11.71		EE+1 Prem. = 23.41		Fam Prem. = 35.12		
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
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
75%	2.93	8.78	5.85	17.56	8.78	26.34
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

Employee Basic Life Insurance				75.0%	
EE Age	Benefit	Premium	Amt 1 - EE	Amt 2 - ER	
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