



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



**Part-Time Faculty**  
**Monthly Premium Rates**  
**Enrollment Period - September 1, 2024 - August 31, 2025**

|   | Monthly Premium | District Contribution 12 months | PT-Faculty Contribution 10 months | Annual Faculty Contribution |
|---|-----------------|---------------------------------|-----------------------------------|-----------------------------|
| <b>Kaiser Permanente \$5 High HMO</b>         | \$              | \$                              |                                   |                             |
| Employee only                                 | 936.92          | 886.92                          | 60.00                             | 600.00                      |
| Employee + 1                                  | 1,873.83        | 1,773.83                        | 120.00                            | 1,200.00                    |
| Employee + 2 or more                          | 2,810.75        | 2,660.75                        | 180.00                            | 1,800.00                    |
| <b>Kaiser Permanente \$20 Low HMO</b>         |                 |                                 |                                   |                             |
| Employee only                                 | 909.79          | 889.79                          | 24.00                             | 240.00                      |
| Employee + 1                                  | 1,819.57        | 1,779.57                        | 48.00                             | 480.00                      |
| Employee + 2 or more                          | 2,729.36        | 2,669.36                        | 72.00                             | 720.00                      |
| <b>Anthem Blue Cross High HMO (\$15 plan)</b> |                 |                                 |                                   |                             |
| Employee only                                 | 1,382.69        | 1,297.69                        | 102.00                            | 1,020.00                    |
| Employee + 1                                  | 2,763.59        | 2,593.59                        | 204.00                            | 2,040.00                    |
| Employee + 2 or more                          | 4,562.51        | 4,307.51                        | 306.00                            | 3,060.00                    |
| <b>Anthem Blue Cross \$30 Low HMO</b>         |                 |                                 |                                   |                             |
| Employee only                                 | 1,323.80        | 1,273.80                        | 60.00                             | 600.00                      |
| Employee + 1                                  | 2,645.45        | 2,545.45                        | 120.00                            | 1,200.00                    |
| Employee + 2 or more                          | 4,368.25        | 4,218.25                        | 180.00                            | 1,800.00                    |
| <b>Anthem Blue Cross PPO</b>                  |                 |                                 |                                   |                             |
| Employee only                                 | 2,561.29        | 1,382.69                        | 1,414.32                          | 14,143.20                   |
| Employee + 1                                  | 5,123.48        | 2,763.59                        | 2,831.87                          | 28,318.68                   |
| Employee + 2 or more                          | 8,453.61        | 4,562.51                        | 4,669.32                          | 46,693.20                   |

Rates are subject to change July 1 of each year.