CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Classified & Confidential/Supervisory

BENEFITS RATE SHEET FOR EMPLOYEES 50% TO 90%

PLAN YEAR JULY 1, 2025 to JUNE 30, 2026

Kaiser High $5 plan

	EE Premium =	890.07	EE+1 Prem =	1,780.14	Fam Prem. =	2,670.21
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	50.00	840.07	100.00	1,680.14	150.00	2,520.21
50%	445.03	445.04	890.07	890.07	1,335.10	1,335.11
55%	400.53	489.54	801.06	979.08	1,201.59	1,468.62
60%	356.03	534.04	712.06	1,068.08	1,068.08	1,602.13
75%	222.52	667.55	445.03	1,335.11	667.55	2,002.66
80%	178.01	712.06	356.03	1,424.11	534.04	2,136.17
87.5%	111.26	778.81	222.52	1,557.62	333.78	2,336.43
70%	267.02	623.05	534.04	1,246.10	801.06	1,869.15
62.5%	333.78	556.29	667.55	1,112.59	1,001.33	1,668.88
65.0%	311.52	578.55	623.05	1,157.09	934.57	1,735.64

Kaiser Low $20 plan

	EE Premium =	864.30	EE+1 Prem =	1,728.60	Fam Prem. =	2,592.89
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	20.00	844.30	40.00	1,688.60	60.00	2,532.89
50%	432.15	432.15	864.30	864.30	1,296.44	1,296.45
55%	388.93	475.37	777.87	950.73	1,166.80	1,426.09
60%	345.72	518.58	691.44	1,037.16	1,037.16	1,555.73
62.5%	324.11	540.19	648.22	1,080.38	972.33	1,620.56
65%	302.51	561.80	605.01	1,123.59	907.51	1,685.38
70%	259.29	605.01	518.58	1,210.02	777.87	1,815.02
75%	216.07	648.23	432.15	1,296.45	648.22	1,944.67
80%	172.86	691.44	345.72	1,382.88	518.58	2,074.31
87.5%	108.04	756.26	216.07	1,512.53	324.11	2,268.78

Anthem Blue Cross - HMO High $15

	EE Premium =	1,493.31	EE+1 Prem =	2,984.68	Fam Prem. =	4,927.51
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	85.00	1,408.31	170.00	2,814.68	255.00	4,672.51
50%	746.65	746.66	1,492.34	1,492.34	2,463.75	2,463.76
55%	671.99	821.32	1,343.11	1,641.57	2,217.38	2,710.13
60%	597.32	895.99	1,193.87	1,790.81	1,971.00	2,956.51
75%	373.32	1,119.99	746.17	2,238.51	1,231.88	3,695.63
80%	298.66	1,194.65	596.94	2,387.74	985.50	3,942.01
87.5%	186.66	1,306.65	373.08	2,611.60	615.94	4,311.57
62.5%	559.99	933.32	1,119.25	1,865.43	1,847.82	3,079.69
65%	522.66	970.65	1,044.64	1,940.04	1,724.63	3,202.88
70%	447.99	1,045.32	895.40	2,089.28	1,478.25	3,449.26

Anthem Blue Cross - HMO Low $30						
	EE Premium =	1,429.71	EE+1 Prem. =	2,857.08	Fam Prem =	4,717.71
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	50.00	1,379.71	100.00	2,757.08	150.00	4,567.71
50%	714.85	714.86	1,428.54	1,428.54	2,358.85	2,358.86
55%	643.37	786.34	1,285.69	1,571.39	2,122.97	2,594.74
60%	571.88	857.83	1,142.83	1,714.25	1,887.08	2,830.63
62.5%	536.14	893.57	1,071.40	1,785.68	1,769.14	2,948.57
65.0%	500.40	929.31	999.98	1,857.10	1,651.20	3,066.51
70%	428.91	1,000.80	857.12	1,999.96	1,415.31	3,302.40
75%	357.43	1,072.28	714.27	2,142.81	1,179.43	3,538.28
80%	285.94	1,143.77	571.42	2,285.66	943.54	3,774.17

Anthem Blue Cross - PPO						
	EE Premium =	2,766.19	EE+1 Prem =	5,533.36	Fam Prem. =	9,129.90
Wk %	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER	Amt 1 - EE	Amt 2 - ER
100%	1,272.88	1,493.31	2,548.68	2,984.68	4,202.39	4,927.51
50%	2,019.53	746.66	4,041.02	1,492.34	6,666.14	2,463.76
55%	1,944.87	821.32	3,891.79	1,641.57	6,419.77	2,710.13
60%	1,870.20	895.99	3,742.55	1,790.81	6,173.39	2,956.51
65%	2,280.86	485.33	4,563.34	970.02	7,528.46	1,601.44
75%	1,646.20	1,119.99	3,294.85	2,238.51	5,434.27	3,695.63
80%	1,571.54	1,194.65	3,145.62	2,387.74	5,187.89	3,942.01
87.5%	1,459.54	1,306.65	2,921.76	2,611.60	4,818.33	4,311.57

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