

Full-Time Faculty	CBA Rates Effective 11/01/2024 (monthly)		
	Total Premium	District Contribution	Employee Contribution
Kaiser Permanente Traditional Plan			
Employee	\$1,199.00	\$1,127.06	\$71.94
Employee + 1	\$2,346.00	\$2,181.78	\$164.22
Family	\$3,301.00	\$2,904.88	\$396.12
Kaiser Permanente Deductible Plan			
Employee	\$1,069.00	\$1,042.28	\$26.72
Employee + 1	\$2,090.00	\$2,006.40	\$83.60
Family	\$2,941.00	\$2,705.72	\$235.28
Kaiser - High Deductible/Health Saving \$1,700 90%			
Employee	\$946.00	\$927.08	\$18.92
Employee + 1	\$1,849.00	\$1,793.53	\$55.47
Family	\$2,602.00	\$2,471.90	\$130.10
Blue Shield - 100% Plan A			
Employee	\$1,554.00	\$1,460.76	\$93.24
Employee + 1	\$3,061.00	\$2,601.85	\$459.15
Family	\$4,319.00	\$3,239.25	\$1,079.75
Blue Shield - 80% Plan K			
Employee	\$1,164.00	\$1,117.44	\$46.56
Employee + 1	\$2,290.00	\$2,129.70	\$160.30
Family	\$3,227.00	\$2,839.76	\$387.24
Blue Shield - High Deductible/Health Saving \$1,700 90%			
Employee	\$1,046.00	\$1,025.08	\$20.92
Employee + 1	\$2,053.00	\$2,011.94	\$41.06
Family	\$2,891.00	\$2,746.45	\$144.55
Delta Dental			
Composite Rate - UPM	\$145.00	\$145.00	\$0.00
VSP			
Composite Rate	\$10.40	\$10.40	\$0.00