

<b>CSEA, SEIU, Unrepresented, BOT</b>		<b>Renewal Rates Effective 10/01/2025 (monthly)</b>		
		<b>Total Premium</b>	<b>District Contribution</b>	<b>Employee Contribution</b>
<b>Kaiser Permanente Traditional Plan</b>				
Employee		\$1,297.00	\$1,297.00	\$0.00
Employee + 1		\$2,538.00	\$2,400.00	\$138.00
Family		\$3,572.00	\$2,900.00	\$672.00
<b>Kaiser Permanente Deductible Plan</b>				
Employee		\$1,156.00	\$1,156.00	\$0.00
Employee + 1		\$2,262.00	\$2,262.00	\$0.00
Family		\$3,183.00	\$2,900.00	\$283.00
<b>Kaiser - High Deductible/Health Saving \$1,700 90%</b>				
Employee		\$1,024.00	\$1,024.00	\$0.00
Employee + 1		\$2,002.00	\$2,002.00	\$0.00
Family		\$2,817.00	\$2,817.00	\$0.00
<b>Blue Shield - 100% Plan A</b>				
Employee		\$1,684.00	\$1,684.00	\$0.00
Employee + 1		\$3,316.00	\$2,400.00	\$916.00
Family		\$4,679.00	\$2,900.00	\$1,779.00
<b>Blue Shield - 80% Plan K</b>				
Employee		\$1,265.00	\$1,265.00	\$0.00
Employee + 1		\$2,486.00	\$2,400.00	\$86.00
Family		\$3,504.00	\$2,900.00	\$604.00
<b>Blue Shield - High Deductible/Health Saving \$1,700 90%</b>				
Employee		\$1,145.00	\$1,145.00	\$0.00
Employee + 1		\$2,247.00	\$2,247.00	\$0.00
Family		\$3,164.00	\$2,900.00	\$264.00
<b>Delta Dental</b>				
Composite Rate - CSEA and Unrep.		\$145.00	\$145.00	\$0.00
<b>VSP</b>				
Composite Rate		\$10.40	\$10.40	\$0.00