TO: Classified Staff

Note the different insurances offered by the district. The benefit cap is $615 per month. Cost is pro-rated based on number of hours worked. Refer to CSEA contract for calculation example.

CVT PLAN 2B

- **Single Rate:** $949
- **2 Party Rate:** $1,634
- **Family Rate:** $2,060

CVT PLAN 4B

- **Single Rate:** $885
- **2 Party Rate:** $1,523
- **Family Rate:** $1,921

CVT Plan 6B

- **Single Rate:** $816
- **2 Party Rate:** $1,404
- **Family Rate:** $1,771

CVT Plan 9D

- **Single Rate:** $625
- **2 Party Rate:** $1,076
- **Family Rate:** $1,357

Kaiser Plan 1

- **Single Rate:** $918
- **2 Party Rate:** $1,578
- **Family Rate:** $1,990

Kaiser Plan 4

- **Single Rate:** $878
- **2 Party Rate:** $1,508
- **Family Rate:** $1,902

Kaiser Plan 6

- **Single Rate:** $889
- **2 Party Rate:** $1,527
- **Family Rate:** $1,926

Kaiser Plan 8

- **Single Rate:** $736
- **2 Party Rate:** $1,264
- **Family Rate:** $1,595

HDHP-2

- **Single Rate:** $501
- **2 Party Rate:** $862
- **Family Rate:** $1,088

Bronze Plan

- **Single Rate:** $460
- **2 Party Rate:** $792
- **Family Rate:** $1,000

VISION SERVICE PLAN

- **Single Rate:** $9.60
- **2 Party:** $19.01
- **Family:** $25.73

PPO DENTAL PLAN

- **Single Rate:** $51.31
- **2 Party:** $92.44
- **Family:** $145.27

PREMIER DENTAL PLAN

- **Single Rate:** $63.89
- **2 Party:** $130.38
- **Family:** $201.87

NEW RATE EFFECTIVE: 10/01/16