Contra Costa Community College District
Active Employee Benefit Rates
Fiscal Year 2025 - 2026

Benefit Type	Coverage Type	Total Monthly Premium	*Classified & F/T Faculty 6%	District Rate	*Confidentials, Managers, Deans & Supervisors 12%	District Rate
Kaiser (HMO)	Single	$ 1,086.49	**$ 65.19**	$1,021.30	**$ 130.38**	$ 956.11
	2-Party	$ 2,172.98	**$ 130.38**	$2,042.60	**$ 260.76**	$ 1,912.22
	Family	$ 3,074.76	**$ 184.49**	$2,890.27	**$ 368.97**	$ 2,705.79
Blue Cross (EPO)	Single	$ 1,793.47	**$ 107.61**	$1,685.86	**$ 215.22**	$ 1,578.25
	2-Party	$ 3,766.23	**$ 225.97**	$3,540.26	**$ 451.95**	$ 3,314.28
	Family	$ 5,380.32	**$ 322.82**	$5,057.50	**$ 645.64**	$ 4,734.68
Delta Dental	Single	$ 66.05	**$ 3.96**	$ 62.09	**$ 7.93**	$ 58.12
	2-Party	$ 112.30	**$ 6.74**	$ 105.56	**$ 13.48**	$ 98.82
	Family	$ 171.76	**$ 10.31**	$ 161.45	**$ 20.61**	$ 151.15
Vision Service Plan	Single	$ 10.40	**$ -**	$ 10.40	**$ -**	$ 10.40
	2-Party	$ 20.70	**$ -**	$ 20.70	**$ -**	$ 20.70
	Family	$ 35.30	**$ -**	$ 35.30	**$ -**	$ 35.30
Employee Assistance Program (EAP)	Single/Family	$ 3.25	**$ -**	$ 3.25	**$ -**	$ 3.25
Cash Stipend	*In Lieu of Medical Plan*	$ 600.00	**$ -**	$ 600.00	**$ -**	$ 600.00
Sun Life **6% contribution rate does not apply to life insurance*	Basic ($50,000)	$ 7.10	**$ -**	$ 7.10	**$ -**	$ 7.10
	Supplemental ($50,000)	$ 16.90	**$ 16.90**	$ -	**$ 16.90**	$ -
	Extended ($50,000)	$ 16.90	**$ 16.90**	$ -	**$ 16.90**	$ -
	Dependent Life ($5,000) *must have $50,000 of supplemental insurance*	$ 1.32	**$ 1.32**	$ -	**$ 1.32**	$ -