

**Contra Costa Community College District  
Active Employee Benefit Rates**

**Fiscal Year 2021-2022**

<b>Benefit Type</b>	<b>Coverage Type</b>	<b>Total Monthly Premium</b>	<b>Local 1 &amp; United Faculty 6% Contribution</b>	<b>Unrepresented 12% Contribution</b>
<b>Kaiser (HMO)</b> <i>Effective 7-1-21</i>	Single	\$ 788.74	\$ 47.32	\$ 94.65
	2-Party	\$ 1,577.48	\$ 94.65	\$ 189.30
	Family	\$ 2,232.14	\$ 133.93	\$ 267.86
<b>Blue Cross (EPO)</b> <i>Effective 7-1-21</i>	Single	\$ 1,271.49	\$ 76.29	\$ 152.58
	2-Party	\$ 2,670.11	\$ 160.21	\$ 320.41
	Family	\$ 3,814.44	\$ 228.87	\$ 457.73
<b>Delta Dental</b> <i>Effective 10-1-21</i>	Single	\$ 66.05	\$ 3.96	\$ 7.93
	2-Party	\$ 112.30	\$ 6.74	\$ 13.48
	Family	\$ 171.76	\$ 10.31	\$ 20.61
<b>Vision Service Plan (VSP)</b> <i>Effective 7/1/19</i>	Single	\$ 13.06	-	-
	2-Party	\$ 26.12	-	-
	Family	\$ 44.67	-	-
<b>Employee Assistance Program (EAP)</b> <i>7/1/19</i>	Single/Family	\$ 3.54	-	-
<b>Cash Stipend</b>	Classified (eff. 7/1/18)	\$ 600.00	-	-
	Faculty (eff. 1/1/18)	\$ 600.00	-	-
	Unrepresented (eff. 1/1/18)	\$ 600.00	-	-
<b>Sun Life</b> <i>7/1/2021</i> <i>6% contribution rate does not apply to life insurance, VSP, and EAP</i>	Basic (\$50,000)	\$ 6.75	-	-
	Supplemental (\$50,000)	\$ 16.90	\$ 16.90	\$ 16.90
	Extended Supplemental (\$50,000)	\$ 16.90	\$ 16.90	\$ 16.90
	Dependent Life (\$5,000) <i>must have \$50,000 of supplemental insurance</i>	\$ 1.32	\$ 1.32	\$ 1.32