

Contra Costa Community College District Active Employee Benefit Rates

Fiscal Year 2023 - 2024

Benefit Type	Coverage Type	Total Monthly Premium	*Local 1 and UF 6%	District Rate	*Unrep. 12%	District Rate
Kaiser (HMO)	Single	\$ 864.84	\$ 51.89	\$ 812.95	\$ 103.78	\$ 761.06
	2-Party	\$ 1,729.66	\$ 103.78	\$ 1,625.88	\$ 207.56	\$ 1,522.10
	Family	\$ 2,447.48	\$ 146.85	\$ 2,300.63	\$ 293.70	\$ 2,153.78
Blue Cross (EPO)	Single	\$ 1,462.38	\$ 87.74	\$ 1,374.64	\$ 175.49	\$ 1,286.89
	2-Party	\$ 3,070.97	\$ 184.26	\$ 2,886.71	\$ 368.52	\$ 2,702.45
	Family	\$ 4,387.08	\$ 263.22	\$ 4,123.86	\$ 526.45	\$ 3,860.63
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	\$ 13.65	\$ -	\$ 13.65	\$ -	\$ 13.65
	2-Party	\$ 27.29	\$ -	\$ 27.29	\$ -	\$ 27.29
	Family	\$ 46.68	\$ -	\$ 46.68	\$ -	\$ 46.68
Employee Assistance Program (EAP)	Single/Family	\$ 3.25	\$ -	\$ 3.25	\$ -	\$ 3.25
Cash Stipend	<i>In Lieu of Medical Plan</i>	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00
Sun Life	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	\$ -
<i>*6% contribution rate does not apply to life insurance</i>	Dependent Life (\$5,000) <i>must have \$50,000 of supplemental insurance</i>	\$ 1.32	\$ 1.32	\$ -	\$ 1.32	\$ -