

**2024-2025 INSURANCE COSTS
FOR PART-TIME CLASSIFIED EMPLOYEES
CSEBA Medical Plans Composite Rate**

ANNUAL INSURANCE COSTS 2024-2025				
	ALL COVERAGE WITH BLUE SHIELD HMO 1C (Trio ACO)	ALL COVERAGE WITH BLUE SHIELD HMO 1C (Access +)	ALL COVERAGE WITH BLUE SHIELD PPO (PLAN 3)	ALL COVERAGE WITH KAISER HMO (PLAN 8)
Medical	\$16,896.00	\$19,872.00	\$27,204.00	\$28,802.52
Dental	\$1,565.88	\$1,565.88	\$1,565.88	\$1,565.88
Vision	\$272.04	\$272.04	\$272.04	\$272.04
Life Insurance	\$46.80	\$46.80	\$46.80	\$46.80
ANNUAL TOTAL	\$18,780.72	\$21,756.72	\$29,088.72	\$30,687.24

DISTRICT CONTRIBUTION BASED ON CONTRACT HOURS PER DAY				
5 or more (65%)	\$12,207.47	\$14,141.87	\$18,907.67	\$19,946.71
4 or more (50%)	\$9,390.36	\$10,878.36	\$14,544.36	\$15,343.62
3 or more (35%)	\$6,573.25	\$7,614.85	\$10,181.05	\$10,740.53
2 or more (25%)	\$4,695.18	\$5,439.18	\$7,272.18	\$7,671.81

EMPLOYEE COST BASED ON CONTRACT HOURS PER DAY				
5 or more (35%)	\$6,573.25	\$7,614.85	\$10,181.05	\$10,740.53
4 or more (50%)	\$9,390.36	\$10,878.36	\$14,544.36	\$15,343.62
3 or more (65%)	\$12,207.47	\$14,141.87	\$18,907.67	\$19,946.71
2 or more (75%)	\$14,085.54	\$16,317.54	\$21,816.54	\$23,015.43

Payroll deductions for insurance costs:

For 10 and 11 month employees, divide employee cost by 11.

Deductions are made on a monthly basis, June, Aug - May.

For 12 month employees, divide employee cost by 12.

Deductions are made on a monthly basis, June-May.

**2024-2025 INSURANCE COSTS
FOR PART-TIME CLASSIFIED EMPLOYEES**

CSEBA Minimum Value Blue Shield HMO Tiered Rate Plans

ANNUAL INSURANCE COSTS 2024-2025			
	ALL COVERAGES BLUE SHIELD HMO 12 (Trio ACO) MIN VALUE PLAN SINGLE RATE	ALL COVERAGES BLUE SHIELD HMO 12 (Trio ACO) MIN VALUE PLAN TWO-PERSON RATE	ALL COVERAGES BLUE SHIELD HMO 12 (Trio ACO) MIN VALUE PLAN FAMILY RATE
Medical	\$5,280.00	\$10,560.00	\$14,952.00
Dental	\$1,565.88	\$1,565.88	\$1,565.88
Vision	\$272.04	\$272.04	\$272.04
Life Insurance	\$46.80	\$46.80	\$46.80
ANNUAL TOTAL	\$7,164.72	\$12,444.72	\$16,836.72

DISTRICT CONTRIBUTION BASED ON CONTRACT HOURS PER DAY			
5 or more (65%)	\$4,657.07	\$8,089.07	\$10,943.87
4 or more (50%)	\$3,582.36	\$6,222.36	\$8,418.36
3 or more (35%)	\$2,507.65	\$4,355.65	\$5,892.85
2 or more (25%)	\$1,791.18	\$3,111.18	\$4,209.18

EMPLOYEE COST BASED ON CONTRACT HOURS PER DAY			
5 or more (35%)	\$2,507.65	\$4,355.65	\$5,892.85
4 or more (50%)	\$3,582.36	\$6,222.36	\$8,418.36
3 or more (65%)	\$4,657.07	\$8,089.07	\$10,943.87
2 or more (75%)	\$5,373.54	\$9,333.54	\$12,627.54

Payroll deductions for insurance costs:
 For 10 and 11 month employees, divide employee cost by 11.
 Deductions are made on a monthly basis, June, Aug - May.
 For 12 month employees, divide employee cost by 12.
 Deductions are made on a monthly basis, June-May.