

Classified CSEA Employee Benefits
CVT Premium Plan Rates
Effective 10-01-2022 through 09-30-2023

Benefit Plan	Premium Rate (Monthly)		
	Employee Only	Employee + One	Employee + Family
Kaiser 1	\$1,157.00	\$1,987.00	\$2,507.00
Kaiser 3	\$1,127.00	\$1,937.00	\$2,442.00
Kaiser 5	\$1,096.00	\$1,882.00	\$2,375.00
Kaiser 6	\$1,119.00	\$1,923.00	\$2,426.00
Kaiser Wellness	\$900.00	\$1,547.00	\$1,951.00
Blue Cross PPO 1	\$1,216.00	\$2,092.00	\$2,639.00
Blue Cross PPO 2	\$1,157.00	\$1,990.00	\$2,511.00
Blue Cross PPO 3	\$1,123.00	\$1,932.00	\$2,437.00
Blue Cross PPO 5	\$1,067.00	\$1,835.00	\$2,315.00
Blue Cross PPO Wellness	\$1,006.00	\$1,730.00	\$2,183.00
CVT Bronze Plan	\$559.00	\$961.00	\$1,213.00

Dental Family - \$124.54

VSP Family – 23.98