

**Classified CSEA Employee Benefits**  
**CVT Premium Plan Rates**  
**Effective 10-01-2023 through 09-30-2024**

Benefit Plan	Premium Rate (Monthly)		
	Employee Only	Employee + One	Employee + Family
Kaiser 1	\$1,225.00	\$2,104.00	\$2,655.00
Kaiser 3	\$1,193.00	\$2,051.00	\$2,586.00
Kaiser 5	\$1,161.00	\$1,993.00	\$2,515.00
Kaiser 6	\$1,185.00	\$2,036.00	\$2,569.00
Kaiser Wellness	\$953.00	\$1,638.00	\$2,066.00
Blue Cross PPO 1	\$1,305.00	\$2,244.00	\$2,830.00
Blue Cross PPO 2	\$1,241.00	\$2,135.00	\$2,693.00
Blue Cross PPO 3	\$1,205.00	\$2,072.00	\$2,614.00
Blue Cross PPO 5	\$1,145.00	\$1,969.00	\$2,483.00
Blue Cross PPO Wellness	\$1,079.00	\$1,855.00	\$2,341.00
CVT Bronze Plan	\$599.00	\$1,031.00	\$1,299.00

Dental Family - \$124.54

VSP Family – 23.98