

CUEA Unit Members Health & Welfare **2025** Contributions

FTE Status	Full Time Eligible	
	Employee	District
Medical Plan	10thly Contribution	10thly Contribution
Kaiser HMO Employee Only Employee+ Child(ren) Employee + Spouse Employee + Family	\$0.00 \$134.68 \$198.17 \$251.66	\$947.64 \$1,503.91 \$2,039.24 \$2,584.56
Blue Shield Trio HMO Employee Only Employee+ Child(ren) Employee + Spouse Employee + Family	\$0.00 \$49.76 \$74.67 \$94.56	\$838.80 \$1,411.84 \$1,926.93 \$2,447.04
Blue Shield Access+ HMO Employee Only Employee+ Child(ren) Employee + Spouse Employee + Family	\$0.00 \$121.65 \$187.18 \$237.72	\$951.60 \$1,537.95 \$2,085.62 \$2,648.28
Blue Shield PPO Employee Only Employee+ Child(ren) Employee + Spouse Employee + Family	\$391.20 \$806.85 \$1,126.78 \$1,431.72	\$951.60 \$1,537.95 \$2,085.62 \$2,648.28

Benefits Paid By District

- MetLife DHMO Dental
- VSP Vision
- Delta Dental PPO (30+ Hours) Voya Basic Life and AD&D