



**Ventura Unified School District CSEBO Health and Welfare Monthly Premium Rate Worksheet  
 for 11-month Employees (230-day work calendar or less) Hired After February 14<sup>th</sup>, 2024.  
 Rates effective January 1<sup>st</sup>, 2025-December 31<sup>st</sup>, 2025**

**CSEBO Monthly Premium Paid by VUSD to CSEBO**

Anthem PPO Medical-Composite	<b>\$1,774.04</b>
Anthem CDHP PPO 90*-Tiered	<b>Single \$664.80/ Two-Party \$1214.85/Family \$1,665.08</b>
Kaiser HMO Medical-Composite	<b>\$1,624.60</b>
Kaiser CDHP DHMO 90*-Tiered	<b>Single \$606.47/Two-Party \$1,209.65/Family \$1,710.27</b>
Delta Dental PPO-Composite	<b>\$108.32</b>
VSP Base Plan-Composite	<b>\$14.88</b>
VSP Optional Buy-Up Plan-Composite	<b>VSP Base Premium Employee Share of Cost + \$11.27</b>

**Classified Employee Contribution to Premium Deducted Monthly from Paycheck: No premium due in month of July**

Assigned Hours Worked Per Week	Employee % Contribution	Anthem PPO Medical	Anthem* CDHP PPO 90	Kaiser HMO Medical	Kaiser* CDHP DHMO 90	Delta Dental PPO	VSP Base	VSP Optional Buy-Up
40 hours per week	Fully Employer-Funded for CDHP Medical Plan, Dental, & VSP Base	<b>\$569.72</b>	<b>\$0.00</b>	<b>\$406.69</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$11.27</b>
30-39.9 hours per week	<b>25%</b>	<b>\$483.83</b>	Single: \$181.31 Two-Party: \$331.32 Family: \$454.11	<b>\$443.07</b>	Single: \$165.40 Two-Party: \$329.90 Family: \$466.44	<b>\$29.54</b>	<b>\$4.06</b>	<b>\$11.27 +Base</b>
20-29.9 hours per week	<b>50%</b>	<b>\$967.66</b>	Single: \$362.62 Two-Party: \$662.65 Family: \$908.23	<b>\$886.15</b>	Single: \$330.80 Two-Party: \$659.81 Family: \$932.87	<b>\$59.08</b>	<b>\$8.12</b>	<b>\$11.27 +Base</b>

\*The District contribution amount to an employee-selected CDHP Health Savings Account (HSA) shall be prorated and paid tenthly. Please see VUSD CDHP Health Savings Account (HSA) Employer Contribution Flyer for details.



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 for 11-month Employees (230-day work calendar or less) Hired After February 14th, 2024.**

**Rates effective January 1st, 2025-December 31st, 2025**

**Certificated Employee Contribution to Premium Deducted Monthly from Paycheck: No premium due in month of July**

Contract Percentage	Employee % Contribution	Anthem PPO Medical	Anthem* CDHP PPO 90	Kaiser HMO Medical	Kaiser* CDHP DHMO 90	Delta Dental PPO	VSP Base	VSP Optional Buy-Up
80-100%	Fully Employer-Funded for CDHP Medical Plan, Dental, & VSP Base	\$569.72	\$0.00	\$406.69	\$0.00	\$0.00	\$0.00	\$11.27
75%	25%	\$483.83	Single: \$181.31 Two-Party: \$331.32 Family: \$454.11	\$443.07	Single: \$165.40 Two-Party: \$329.90 Family: \$466.44	\$29.54	\$4.06	\$11.27 +Base
70%	30%	\$580.59	Single: \$217.57 Two-Party: \$397.59 Family: \$544.94	\$531.69	Single: \$198.48 Two-Party: \$395.89 Family: \$559.72	\$35.45	\$4.87	\$11.27 +Base
67%	33%	\$638.65	Single: \$239.33 Two-Party: \$437.35 Family: \$599.43	\$584.86	Single: \$218.33 Two-Party: \$435.47 Family: \$615.70	\$39.00	\$5.36	\$11.27 +Base
65%	35%	\$677.36	Single: \$253.83 Two-Party: \$463.85 Family: \$635.76	\$620.30	Single: \$231.56 Two-Party: \$461.87 Family: \$653.01	\$41.36	\$5.68	\$11.27 +Base
60%	40%	\$774.13	Single: \$290.09 Two-Party: \$530.12 Family: \$726.58	\$708.92	Single: \$264.64 Two-Party: \$527.85 Family: \$746.30	\$47.27	\$6.49	\$11.27 +Base
50%	50%	\$967.66	Single: \$362.62 Two-Party: \$662.65 Family: \$908.23	\$886.15	Single: \$330.80 Two-Party: \$659.81 Family: \$932.87	\$59.08	\$8.12	\$11.27 +Base

\*The District contribution amount to an employee-selected CDHP Health Savings Account (HSA) shall be prorated and paid tenthly. Please see VUSD CDHP Health Savings Account (HSA) Employer Contribution Flyer for details.