

**Salinas Union High School District
Health and Welfare Payroll Deductions
California's Valued Trust - C.S.E.A.**

Group and Plan	Dental	Vision	Medical	Life Insurance	Total Cost	Caps	Amount Over Cap	Monthly as Of 10/1/2025
CSEA - 12 Month								
PPO Plan 3B								
Employee	114.92	16.99	1,437.00	2.38	1,571.29	915.00	656.29	\$ 656.29
Employee +1	114.92	16.99	2,112.00	2.38	2,246.29	1,165.00	1,081.29	\$ 1,081.29
Family	114.92	16.99	2,989.00	2.38	3,123.29	1,585.00	1,538.29	\$ 1,538.29
PPO Plan 6B								
Employee	114.92	16.99	1,266.00	2.38	1,400.29	915.00	485.29	\$ 485.29
Employee +1	114.92	16.99	1,861.00	2.38	1,995.29	1,165.00	830.29	\$ 830.29
Family	114.92	16.99	2,634.00	2.38	2,768.29	1,585.00	1,183.29	\$ 1,183.29
PPO Plan 8B								
Employee	114.92	16.99	1,142.00	2.38	1,276.29	915.00	361.29	\$ 361.29
Employee +1	114.92	16.99	1,679.00	2.38	1,813.29	1,165.00	648.29	\$ 648.29
Family	114.92	16.99	2,376.00	2.38	2,510.29	1,585.00	925.29	\$ 925.29
PPO Plan 9B								
Employee	114.92	16.99	1,014.00	2.38	1,148.29	915.00	233.29	\$ 233.29
Employee +1	114.92	16.99	1,492.00	2.38	1,626.29	1,165.00	461.29	\$ 461.29
Family	114.92	16.99	2,111.00	2.38	2,245.29	1,585.00	660.29	\$ 660.29
PPO Wellness Plan								
Employee	114.92	16.99	1,287.00	2.38	1,421.29	915.00	506.29	\$ 506.29
Employee +1	114.92	16.99	1,891.00	2.38	2,025.29	1,165.00	860.29	\$ 860.29
Family	114.92	16.99	2,677.00	2.38	2,811.29	1,585.00	1,226.29	\$ 1,226.29
Bronze Plan								
Employee	114.92	16.99	697.00	2.38	831.29	915.00	-83.71	\$ -
Employee +1	114.92	16.99	1,024.00	2.38	1,158.29	1,165.00	-6.71	\$ -
Family	114.92	16.99	1,450.00	2.38	1,584.29	1,585.00	-0.71	\$ -
CSEA - 10 Month (Pro-rated over 9 months of September - May)								
PPO Plan 3B								
Employee	114.92	16.99	1,437.00	2.38	1,571.29	915.00	656.29	\$ 748.32
Employee +1	114.92	16.99	2,112.00	2.38	2,246.29	1,165.00	1,081.29	\$ 1,240.88
Family	114.92	16.99	2,989.00	2.38	3,123.29	1,585.00	1,538.29	\$ 1,766.29
PPO Plan 6B								
Employee	114.92	16.99	1,266.00	2.38	1,400.29	915.00	485.29	\$ 547.45
Employee +1	114.92	16.99	1,861.00	2.38	1,995.29	1,165.00	830.29	\$ 946.03
Family	114.92	16.99	2,634.00	2.38	2,768.29	1,585.00	1,183.29	\$ 1,349.57
PPO Plan 8B								
Employee	114.92	16.99	1,142.00	2.38	1,276.29	915.00	361.29	\$ 402.21
Employee +1	114.92	16.99	1,679.00	2.38	1,813.29	1,165.00	648.29	\$ 732.65
Family	114.92	16.99	2,376.00	2.38	2,510.29	1,585.00	925.29	\$ 1,046.70
PPO Plan 9B NEW PLAN EFFECTIVE 3/1/2022.								
Employee	114.92	16.99	1,014.00	2.38	1,148.29	915.00	233.29	\$ 251.95
Employee +1	114.92	16.99	1,492.00	2.38	1,626.29	1,165.00	461.29	\$ 513.04
Family	114.92	16.99	2,111.00	2.38	2,245.29	1,585.00	660.29	\$ 735.60
PPO Wellness Plan								
Employee	114.92	16.99	1,287.00	2.38	1,421.29	915.00	506.29	\$ 572.09
Employee +1	114.92	16.99	1,891.00	2.38	2,025.29	1,165.00	860.29	\$ 981.20
Family	114.92	16.99	2,677.00	2.38	2,811.29	1,585.00	1,226.29	\$ 1,399.71
Bronze Plan								
Employee	114.92	16.99	697.00	2.38	831.29	915.00	-83.71	\$ -
Employee +1	114.92	16.99	1,024.00	2.38	1,158.29	1,165.00	-6.71	\$ -
Family	114.92	16.99	1,450.00	2.38	1,584.29	1,585.00	-0.71	\$ -

CVT adopted new rates effective 10/1/2025; deductions begin with the September 30, 2025 paycheck.

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Group and Plan	Dental	Vision	Medical	Life Insurance	Total Cost	Caps	Amount Over Cap	Monthly as Of 10/1/2025
CSEA - 11 Month								
PPO Plan 3B								
Employee	114.92	16.99	1,437.00	2.38	1,571.29	915.00	656.29	\$ 691.85
Employee +1	114.92	16.99	2,112.00	2.38	2,246.29	1,165.00	1,081.29	\$ 1,144.71
Family	114.92	16.99	2,989.00	2.38	3,123.29	1,585.00	1,538.29	\$ 1,629.06
PPO Plan 6B								
Employee	114.92	16.99	1,266.00	2.38	1,400.29	915.00	485.29	\$ 507.97
Employee +1	114.92	16.99	1,861.00	2.38	1,995.29	1,165.00	830.29	\$ 874.82
Family	114.92	16.99	2,634.00	2.38	2,768.29	1,585.00	1,183.29	\$ 1,247.52
PPO Plan 8B								
Employee	114.92	16.99	1,142.00	2.38	1,276.29	915.00	361.29	\$ 374.89
Employee +1	114.92	16.99	1,679.00	2.38	1,813.29	1,165.00	648.29	\$ 679.37
Family	114.92	16.99	2,376.00	2.38	2,510.29	1,585.00	925.29	\$ 970.22
PPO Plan 9B								
Employee	114.92	16.99	1,014.00	2.38	1,148.29	915.00	233.29	\$ 237.30
Employee +1	114.92	16.99	1,492.00	2.38	1,626.29	1,165.00	461.29	\$ 478.31
Family	114.92	16.99	2,111.00	2.38	2,245.29	1,585.00	660.29	\$ 685.37
PPO Wellness Plan								
Employee	114.92	16.99	1,287.00	2.38	1,421.29	915.00	506.29	\$ 530.54
Employee +1	114.92	16.99	1,891.00	2.38	2,025.29	1,165.00	860.29	\$ 907.03
Family	114.92	16.99	2,677.00	2.38	2,811.29	1,585.00	1,226.29	\$ 1,293.53
Bronze Plan								
Employee	114.92	16.99	697.00	2.38	831.29	915.00	-83.71	\$ -
Employee +1	114.92	16.99	1,024.00	2.38	1,158.29	1,165.00	-6.71	\$ -
Family	114.92	16.99	1,450.00	2.38	1,584.29	1,585.00	-0.71	\$ -

CVT adopted new rates effective 10/1/2025; deductions begin with the September 30, 2025 paycheck.