INSURANCE RATES: EMPLOYEE-PAID PREMIUMS

Rates effective Dec. 2026 - Nov. 2027, for January - December, 2027 Coverage

Eleven monthly medical and dental insurance premiums are deducted from your paycheck during the months of August through June, as negotiated by each bargaining unit. If you are part-time and choose to pay for dependent coverage, premiums are also deducted in eleven monthly payments, August through June. Vision premiums are deducted in ten monthly payments, September through June. To determine your benefit eligibility, refer to the eligibility chart in Enrollment Guide. Governing Board and Personnel Commission pay the CVAA rates. Retired employees pay the rate corresponding to their position at the time of retirement. Rates are shown below by bargaining unit. COBRA rates are shown on the next page.

	Full Time Employee Co-Premium *(11 monthly payments medical & dental, 10 monthly payments vision)*			**Part Time Employee Co-Premium** *(11 monthly payments medical & dental, 10 monthly payments vision)*		
	Employee Only (Individual)	**Employee Plus One Dependent or Spouse (2-party)**	**Employee Plus 2 or More (Family)**	**Employee Only (Individual)**	**Employee Plus One Dependent or Spouse (2-party)**	**Employee Plus 2 or More (Family)**
Cajon Valley Education Assn. CVEA						
Kaiser 10/20 HMO	$271.91	$536.18	$756.00	$271.91	$1,329.00	$2,208.27
VEBA Direct HMO	$336.27	$671.45	$931.64	$336.27	$1,464.27	$2,383.91
UHC Alliance HMO 20/30	$431.18	$704.18	$966.55	$431.18	$1,497.00	$2,418.82
UHC PPO Nexus ACO Select 80/50	$1,673.72	$3,290.72	$4,602.55	$1,673.72	$4,083.54	$6,054.82
UHC Journey Harmony	$205.36	$344.18	$461.45	$205.36	$1,137.00	$1,913.72
UHC Journey Alliance	$215.18	$391.09	$537.82	$215.18	$1,183.91	$1,990.09
SIMNSA HMO (*Mexico plan. Must meet plan requirements to enroll)*	$88.09	$153.55	$225.00	$88.09	$349.91	$635.73
Delta Dental PPO	$0.00	$0.00	$0.00	$0.00	$52.74	$95.24
DeltaCare USA	$0.00	$0.00	$0.00	$0.00	$12.25	$25.26
Eyemed Vision	$9.07	$17.13	$25.11	$9.07	$17.13	$25.11
Calif. School Employees Assn. CSEA						
Kaiser 10/10 HMO	$279.00	$550.36	$775.36	$279.00	$1,364.45	$2,264.45
VEBA Direct HMO	$288.00	$570.00	$799.91	$288.00	$1,416.00	$2,335.64
UHC Alliance HMO 20/30	$409.91	$661.64	$908.46	$409.91	$1,475.73	$2,397.55
UHC PPO Nexus ACO Select 80/50	$1,652.45	$3,248.18	$4,544.46	$1,652.45	$4,062.27	$6,033.55
UHC Journey Harmony	$184.09	$301.64	$403.36	$184.09	$1,115.73	$1,892.45
UHC Journey Alliance	$193.91	$348.55	$479.73	$193.91	$1,162.64	$1,968.82
SIMNSA HMO (*Mexico plan. Must meet plan requirements to enroll)*	$88.09	$153.55	$225.00	$88.09	$349.91	$635.73
Delta Dental PPO	$0.00	$0.00	$0.00	$0.00	$52.74	$95.24
DeltaCare USA	$0.00	$0.00	$0.00	$0.00	$12.25	$25.26
Eyemed Vision	$9.07	$17.13	$25.11	$9.07	$17.13	$25.11
Cajon Valley Admin. Assn. CVAA						
Kaiser 10/20 HMO	$326.29	$643.42	$907.20			
VEBA Direct HMO	$390.65	$778.69	$1,082.84			
UHC Alliance HMO 20/30	$485.56	$811.42	$1,117.75		No Part Time Employees	
UHC PPO Nexus ACO Select 80/50	$1,728.10	$3,397.96	$4,753.75			
UHC Journey Harmony	$259.74	$451.42	$612.65			
UHC Journey Alliance	$269.56	$498.33	$689.02			
SIMNSA HMO (*Mexico plan. Must meet plan requirements to enroll)*	$24.67	$42.99	$63.00			
Delta Dental PPO	$0.00	$0.00	$0.00			
DeltaCare USA	$0.00	$0.00	$0.00			
Eyemed Vision	$9.07	$17.13	$25.11			