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JASON PROVENCE, SUPERINTENDENT

ACTA Insurance Rates & Contributions

With ACTA potentially moving to a 4-tier insurance plan the district would like to negotiate a tiered cap. This is contingent on the approval of the new tiered plans by the unit. If the unit does not approve to change their plans the district contribution will remain as it is.

The current district contribution of \$906.96 per month paired with a new tiered plan would not provide any benefit to members on EE + Spouse or EE + Family plans. The proposed tiered contributions allow for all unit members to see a savings on their insurance premiums.

The new district contributions would be based on plan selection and set up as followed

- Employee Only - \$500 per month - \$6000 per year
- Employee + Child(ren) - \$750 per month - \$9000 per year
- Employee + Spouse - \$950 per month - \$11,400 per year
- Employee + Family - \$1350 per month - \$16,200 per year

With the new plans an opt out option would also be included. Employees with coverage through a spouse or domestic partner will be able to opt out of coverage. Proof of coverage will be required by CVT during open enrollment.

If the new contribution tier is agreed upon by the negotiations team, and the change of plan types approved by the unit, implementation of these new plans and a special open enrollment can be held as early as May/June. New plans and rates will go into effect August of the 24-25 School Year.

CASCADE CARES

Challenging classroom discourse ♦ Academic success ♦ Responsible behaviors ♦ Engaging strategies ♦ Supportive relationships

CVT Certificated Rates Oct 1, 2023 - Sept 30, 2024

<u>HEALTH/WELFARE</u>		PLAN 3 B	PLAN 4 B	PLAN 6 C	PLAN 9 C	HDHP2	WELLNESS	BRONZE
ACTA		MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM
Full time Employee	MONTHLY CAP	906.96	906.96	906.96	906.96	906.96	906.96	906.96
MEDICAL		\$ 1,984.00	\$ 1,905.00	\$ 1,734.00	\$ 1,395.00	\$ 1,075.00	\$ 1,778.00	\$ 988.00
DENTAL		\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26
VSP VISION		\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07
LIFE INSURANCE		\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29
MONTHLY TOTALS		\$ 2,126.62	\$ 2,047.62	\$ 1,876.62	\$ 1,537.62	\$ 1,217.62	\$ 1,920.62	\$ 1,130.62
Employee Share		\$ 1,219.66	\$ 1,140.66	\$ 969.66	\$ 630.66	\$ 310.66	\$ 1,013.66	\$ 223.66

<u>HEALTH/WELFARE</u>		PLAN 3 B	PLAN 4 B	PLAN 6 C	PLAN 9 C	HDHP2	WELLNESS	BRONZE
ACTA		MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM
50% Employees	ADJUSTED MONTHLY CAP	453.48	453.48	453.48	453.48	453.48	453.48	453.48
MEDICAL		\$ 1,984.00	\$ 1,905.00	\$ 1,734.00	\$ 1,395.00	\$ 1,075.00	\$ 1,778.00	\$ 988.00
DENTAL		\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26
VSP VISION		\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07
LIFE INSURANCE		\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29
MONTHLY TOTALS		\$ 2,126.62	\$ 2,040.33	\$ 1,869.33	\$ 1,530.33	\$ 1,210.33	\$ 1,913.33	\$ 1,123.33
Employee Share		\$ 1,673.14	\$ 1,586.85	\$ 1,415.85	\$ 1,076.85	\$ 756.85	\$ 1,459.85	\$ 669.85

<u>HEALTH/WELFARE</u>		PLAN 3 B	PLAN 4 B	PLAN 6 C	PLAN 9 C	HDHP2	WELLNESS	BRONZE
ACTA		MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM
150 Enhancement	MONTHLY CAP	906.96	906.96	906.96	906.96	906.96	906.96	906.96
MEDICAL		\$ 1,488.00	\$ 1,428.75	\$ 1,300.50	\$ 1,046.25	\$ 806.25	\$ 1,333.50	\$ 741.00
DENTAL		\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26
VSP VISION		\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07
LIFE INSURANCE		\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29
MONTHLY TOTALS		\$ 1,630.62	\$ 1,571.37	\$ 1,443.12	\$ 1,188.87	\$ 948.87	\$ 1,476.12	\$ 883.62
Employee Share		\$ 723.66	\$ 664.41	\$ 536.16	\$ 281.91	\$ 41.91	\$ 569.16	\$ -

**You and your Spouse/Domestic Partner must both be enrolled in CVT plans with your districts AND cover each other as dependents.

CVT Certificated Rates Oct 1, 2023 - Sept 30, 2024 - Projection 4 Tiers

HEALTH/WELFARE	PLAN 3 B	PLAN 4 B	PLAN 6 C	PLAN 9 C	HDHP2	WELLNESS	BRONZE
ACTA	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
Employee Only	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM
MONTHLY CAP	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
MEDICAL	\$ 1,110.00	\$ 1,066.00	\$ 971.00	\$ 781.00	\$ 602.00	\$ 995.00	\$ 553.00
DENTAL	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26
VSP VISION	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07
LIFE INSURANCE	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29
Total Cost	\$ 1,252.62	\$ 1,208.62	\$ 1,113.62	\$ 923.62	\$ 744.62	\$ 1,137.62	\$ 695.62
Employee Share	\$ 752.62	\$ 708.62	\$ 613.62	\$ 423.62	\$ 244.62	\$ 637.62	\$ 195.62
Prev. Employee Share	\$ 1,219.66	\$ 1,140.66	\$ 969.66	\$ 630.66	\$ 310.66	\$ 1,013.66	\$ 223.66
Employee Savings	\$ 467.04	\$ 432.04	\$ 356.04	\$ 207.04	\$ 66.04	\$ 376.04	\$ 28.04

Proposed District Contributions per Month	
EE Only	\$500.00
EE + Child(ren)	\$750.00
EE + Spouse	\$950.00
EE + Family	\$1,350.00

HEALTH/WELFARE	PLAN 3 B	PLAN 4 B	PLAN 6 C	PLAN 9 C	HDHP2	WELLNESS	BRONZE
ACTA	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
Employee + Spouse	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM
MONTHLY CAP	\$950.00	\$950.00	\$950.00	\$950.00	\$950.00	\$950.00	\$950.00
MEDICAL	\$ 1,987.00	\$ 1,908.00	\$ 1,738.00	\$ 1,398.00	\$ 1,078.00	\$ 1,781.00	\$ 990.00
DENTAL	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26
VSP VISION	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07
LIFE INSURANCE	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29
MONTHLY TOTALS	\$ 2,129.62	\$ 2,043.33	\$ 1,873.33	\$ 1,533.33	\$ 1,213.33	\$ 1,916.33	\$ 1,125.33
Employee Share	\$ 1,179.62	\$ 1,093.33	\$ 923.33	\$ 583.33	\$ 263.33	\$ 966.33	\$ 175.33
Prev. Employee Share	\$ 1,219.66	\$ 1,140.66	\$ 969.66	\$ 630.66	\$ 310.66	\$ 1,013.66	\$ 223.66
Employee Savings	\$ 40.04	\$ 47.33	\$ 46.33	\$ 47.33	\$ 47.33	\$ 47.33	\$ 48.33

HEALTH/WELFARE	PLAN 3 B	PLAN 4 B	PLAN 6 C	PLAN 9 C	HDHP2	WELLNESS	BRONZE
ACTA	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
Employee + Child(ren)	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM
MONTHLY CAP	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
MEDICAL	\$ 1,632.00	\$ 1,567.00	\$ 1,428.00	\$ 1,148.00	\$ 885.00	\$ 1,463.00	\$ 813.00
DENTAL	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26
VSP VISION	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07
LIFE INSURANCE	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29
MONTHLY TOTALS	\$ 1,774.62	\$ 1,709.62	\$ 1,570.62	\$ 1,290.62	\$ 1,027.62	\$ 1,605.62	\$ 955.62
Employee Share	\$ 1,024.62	\$ 959.62	\$ 820.62	\$ 540.62	\$ 277.62	\$ 855.62	\$ 205.62
Prev. Employee Share	\$ 1,219.66	\$ 1,140.66	\$ 969.66	\$ 630.66	\$ 310.66	\$ 1,013.66	\$ 223.66
Employee Savings	\$ 195.04	\$ 181.04	\$ 149.04	\$ 90.04	\$ 33.04	\$ 158.04	\$ 18.04

HEALTH/WELFARE	PLAN 3 B	PLAN 4 B	PLAN 6 C	PLAN 9 C	HDHP2	WELLNESS	BRONZE
ACTA	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
Employee + Family	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM
MONTHLY CAP	\$1,350.00	\$1,350.00	\$1,350.00	\$1,350.00	\$1,350.00	\$1,350.00	\$1,350.00
MEDICAL	\$ 2,409.00	\$ 2,313.00	\$ 2,107.00	\$ 1,695.00	\$ 1,306.00	\$ 2,159.00	\$ 1,200.00
DENTAL	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26	\$ 117.26
VSP VISION	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07	\$ 18.07
LIFE INSURANCE	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29	\$ 7.29
MONTHLY TOTALS	\$ 2,551.62	\$ 2,455.62	\$ 2,249.62	\$ 1,837.62	\$ 1,448.62	\$ 2,301.62	\$ 1,342.62
Employee Share	\$ 1,201.62	\$ 1,105.62	\$ 899.62	\$ 487.62	\$ 98.62	\$ 951.62	\$ -
Prev. Employee Share	\$ 1,219.66	\$ 1,140.66	\$ 969.66	\$ 630.66	\$ 310.66	\$ 1,013.66	\$ 223.66
Employee Savings	\$ 18.04	\$ 35.04	\$ 70.04	\$ 143.04	\$ 212.04	\$ 62.04	\$ 223.66