

# APPENDIX G.1

## Cabrillo College 2025-26 Benefits Stipend Calculation for Benefit Eligible Employees -FINAL -- as of 5/30/25

<u>2024/25 Base Stipend Annual Amounts</u> <u>Includes 50% Cost Sharing Amounts - HMO</u> <u>\$25-500 Medical Plan</u>	<u>2025/26 Annual Plan Cost</u>	<u>Employer Contribution for 2025/26 Base Stipend Amount and Employee Monthly Cost</u>					
		<u>Annual Incremental</u> <u>Cost Difference</u>	<u>Annual 50%</u> <u>Employer</u> <u>Paid</u>	<u>Annual 50%</u> <u>Employee</u> <u>Paid</u>	<u>Employee</u> <u>Monthly Cost</u> <u>(10thly)</u>	<u>Employee</u> <u>Monthly Cost</u> <u>(12thly)</u>	<u>District</u> <u>Contribution</u> <u>2025/26 Stipend</u>
Single Stipend: \$14,938.45	<u>Single Plan Cost:</u> \$17,252.40	<u>Single Plan Cost:</u>					
2-Person Stipend: \$28,802.16	<u>2-Person Plan Cost:</u> \$33,394.80	\$2,313.95	\$1,156.98	\$1,156.98	\$115.70	\$96.41	\$16,095.43
Family Stipend: \$40,462.59	<u>Family Plan Cost:</u> \$46,963.20	<u>2-Person Plan Cost:</u> \$4,592.64	\$2,296.32	\$2,296.32	\$229.63	\$191.36	\$31,098.48
<b>Monthly Cost Calculations:</b> <b>Does not include 50%</b> <b>Cost Sharing Amounts</b>	<b><u>New Monthly Cost Calculations*:</u></b>	<u>Family Plan Cost:</u> \$6,500.61	\$3,250.31	\$3,250.31	\$325.03	\$270.86	\$43,712.90
<u>Single Cost:</u> \$1,225.00 single medical 65.90 single dental 10.80 life insurance & AD&D	<u>Single Cost:</u> \$1,337.00 single medical 65.90 single dental						
25.93 income protection	8.95 † life insurance & AD&D						
\$1,327.63	25.85 † STD/LTD (fka income protection)						
2-Person Cost: \$2,398.00 2-person medical 130.10 2-person dental 10.80 life insurance & AD&D 25.93 income protection \$2,564.83	25.85 † STD/LTD (fka income protection) \$1,437.70						
	<u>2-Person Cost:</u> \$2,618.00 2-person medical 130.10 2-person dental						
	8.95 † life insurance & AD&D						
	25.85 † STD/LTD (fka income protection)						
	\$2,782.90						
<u>Family Cost:</u> \$3,097.00 family medical 192.80 family dental 10.80 life insurance & AD&D 25.93 income protection \$3,326.53	<u>Family Cost:</u> \$3,686.00 family medical 192.80 family dental 8.95 † life insurance & AD&D 25.85 † STD/LTD fka income protection \$3,913.60						

\*2025/26 rate increases are as follows: Actual rate increase of 9.2% for the HMO \$25-500 medical plan.

\*\*Delta Dental no change, rate pass for 25/26.

† Reflects new rates with Lincoln Insurance for Life and STD/LTD fka income protection (switch from Hartford to Lincoln effective for 25/26)

Stipend amounts are based on the HMO (\$25-500) medical plan, dental, life and disability plan costs.

New Stipend Calculation = last year's stipend plus 50% of the new annual incremental cost increase based on HMO \$25-500 plan rates