



2017 OPEN ENROLLMENT PREMIUM COST-SHARING

As agreed upon in negotiations, effective October 1, 2017, the employee monthly cost for the Blue Shield PPO/HMO will increase from 70% to 100% of the cost difference between the Blue Shield plans and the Kaiser HMO plan. The employee monthly premium amounts are listed on the next page.

COST-SHARING EFFECTIVE OCTOBER 1, 2017

<u>COVERAGE</u>	<u>EMPLOYEE SHARE</u>	<u>EMPLOYER SHARE</u>	<u>TOTAL PREMIUM</u>
MANAGEMENT & CLASSIFIED			
12-MONTH			
Kaiser HMO - Single	\$ 0.00	\$ 621.00	\$ 621.00
Kaiser HMO - Double	\$ 0.00	\$ 1,311.00	\$ 1,311.00
Kaiser HMO - Family	\$ 0.00	\$ 1,821.00	\$ 1,821.00
Kaiser ABHP - Single	\$ 0.00	\$ 482.00	\$ 482.00
Kaiser ABHP - Double	\$ 0.00	\$ 1,016.00	\$ 1,016.00
Kaiser ABHP - Family	\$ 0.00	\$ 1,410.00	\$ 1,410.00
Blue Shield ABHP - Single	\$ 0.00	\$ 558.00	\$ 558.00
Blue Shield ABHP - Double	\$ 0.00	\$ 1,216.00	\$ 1,216.00
Blue Shield ABHP - Family	\$ 0.00	\$ 1,710.00	\$ 1,710.00
Blue Shield HMO - Single	\$ 53.00	\$ 621.00	\$ 674.00
Blue Shield HMO - Double	\$ 125.00	\$ 1,311.00	\$ 1,436.00
Blue Shield HMO - Family	\$ 179.00	\$ 1,821.00	\$ 2,000.00
Blue Shield PPO - Single	\$ 148.00	\$ 621.00	\$ 769.00
Blue Shield PPO - Double	\$ 323.00	\$ 1,311.00	\$ 1,634.00
Blue Shield PPO - Family	\$ 455.00	\$ 1,821.00	\$ 2,276.00
SRJC Dental	\$ 0.00	\$ 123.00	\$ 123.00
Vision Service Plan – Single	\$ 0.00	\$ 9.87	\$ 9.87
Vision Service Plan - Family	\$ 14.60	\$ 9.87	\$ 24.47
CONTRACT FACULTY			
10-MONTH			
Kaiser HMO - Single	\$ 0.00	\$ 745.20	\$ 745.20
Kaiser HMO - Double	\$ 0.00	\$ 1,573.20	\$ 1,573.20
Kaiser HMO - Family	\$ 0.00	\$ 2,185.20	\$ 2,185.20
Kaiser ABHP - Single	\$ 0.00	\$ 578.40	\$ 578.40
Kaiser ABHP - Double	\$ 0.00	\$ 1,219.20	\$ 1,219.20
Kaiser ABHP - Family	\$ 0.00	\$ 1,692.00	\$ 1,692.00
Blue Shield ABHP - Single	\$ 0.00	\$ 669.60	\$ 669.60
Blue Shield ABHP - Double	\$ 0.00	\$ 1,459.20	\$ 1,459.20
Blue Shield ABHP - Family	\$ 0.00	\$ 2,052.00	\$ 2,052.00
Blue Shield HMO - Single	\$ 63.60	\$ 745.20	\$ 808.80
Blue Shield HMO - Double	\$ 150.00	\$ 1,573.20	\$ 1,723.20
Blue Shield HMO - Family	\$ 214.80	\$ 2,185.20	\$ 2,400.00
Blue Shield PPO - Single	\$ 177.60	\$ 745.20	\$ 922.80
Blue Shield PPO - Double	\$ 387.60	\$ 1,573.20	\$ 1,960.80
Blue Shield PPO - Family	\$ 546.00	\$ 2,185.20	\$ 2,731.20
SRJC Dental	\$ 0.00	\$ 147.60	\$ 147.60
Vision Service Plan – Single	\$ 0.00	\$ 11.84	\$ 11.84
Vision Service Plan - Family	\$ 17.52	\$ 11.84	\$ 29.36

OCTOBER 2017 PREMIUMS

ADJUNCT MEDICAL BENEFIT PROGRAM 50% PREMIUMS

Coverage	Level	Employee Cost	Employer Cost	Total Premium
Kaiser HMO	Single	\$ 310.50	\$ 310.50	\$ 621.00
	Double	\$ 655.50	\$ 655.50	\$ 1,311.00
	Family	\$ 910.50	\$ 910.50	\$ 1,821.00
		\$ -	\$ -	
Kaiser ABHP	Single	\$ 241.00	\$ 241.00	\$ 482.00
	Double	\$ 508.00	\$ 508.00	\$ 1,016.00
	Family	\$ 705.00	\$ 705.00	\$ 1,410.00
		\$ -	\$ -	
Blue Shield ABHP	Single	\$ 279.00	\$ 279.00	\$ 558.00
	Double	\$ 608.00	\$ 608.00	\$ 1,216.00
	Family	\$ 855.00	\$ 855.00	\$ 1,710.00
		\$ -	\$ -	
Blue Shield HMO	Single	\$ 337.00	\$ 337.00	\$ 674.00
	Double	\$ 718.00	\$ 718.00	\$ 1,436.00
	Family	\$ 1,000.00	\$ 1,000.00	\$ 2,000.00
		\$ -	\$ -	
Blue Shield PPO	Single	\$ 384.50	\$ 384.50	\$ 769.00
	Double	\$ 817.00	\$ 817.00	\$ 1,634.00
	Family	\$ 1,138.00	\$ 1,138.00	\$ 2,276.00
ANNUAL H.S.A. DISTRICT CONTRIBUTIONS FOR ADJUNCT ABHP ENROLLEES				
	Single	\$ 600.00		
	Double/Family	\$ 900.00		