



ADJUNCT FACULTY MEDICAL BENEFITS PROGRAM

Premium Payment Voucher

(Payments due no later than the 15th of each month)

Rates effective 10/1/15

Employee Name: _____

Payment for the month of: _____

SISC Kaiser Permanente HMO Adjunct Faculty Rates:

_____	\$282.00	Single (full premium	\$564.00)
_____	\$605.00	Double (full premium	\$1,210.00)
_____	\$831.50	Family (full premium	\$1,663.00)

SISC Blue Shield HMO Adjunct Faculty Rates:

_____	\$308.50	Single (full premium	\$617.00)
_____	\$651.50	Double (full premium	\$1,303.00)
_____	\$906.50	Family (full premium	\$1,813.00)

SISC Blue Shield PPO Adjunct Faculty Rates:

_____	\$355.50	Single (full premium	\$711.00)
_____	\$755.00	Double (full premium	\$1,510.00)
_____	\$1,052.00	Family (full premium	\$2,104.00)

Please indicate your coverage and return a copy of this voucher (by the 15th of each month) with your payment to:

SANTA ROSA JUNIOR COLLEGE
ATTN: DEBBIE WEATHERLY, ACCOUNTING
1501 MENDOCINO AVENUE
SANTA ROSA, CALIFORNIA 95401