



## ADJUNCT FACULTY MEDICAL BENEFITS PROGRAM

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Premium Payment Voucher (due no later than the 15<sup>th</sup> of each month)

*Monthly Premiums effective 10/1/17*

Employee Name: \_\_\_\_\_

Payment for the month of: \_\_\_\_\_

**Kaiser Permanente HMO Adjunct Faculty Rates:**

\_\_\_\_\_ **\$310.50** Single (full premium \$621.00)  
\_\_\_\_\_ **\$655.50** Double (full premium \$1,311.00)  
\_\_\_\_\_ **\$910.50** Family (full premium \$1,821.00)

**Blue Shield HMO Adjunct Faculty Rates:**

\_\_\_\_\_ **\$337.00** Single (full premium \$674.00)  
\_\_\_\_\_ **\$718.00** Double (full premium \$1,436.00)  
\_\_\_\_\_ **\$1,000.00** Family (full premium \$2,000.00)

**Blue Shield PPO Adjunct Faculty Rates:**

\_\_\_\_\_ **\$384.50** Single (full premium \$769.00)  
\_\_\_\_\_ **\$817.00** Double (full premium \$1,634.00)  
\_\_\_\_\_ **\$1,138.00** Family (full premium \$2,276.00)

**Kaiser ABHP Adjunct Faculty Rates:**

\_\_\_\_\_ **\$241.00** Single (full premium \$482.00)  
\_\_\_\_\_ **\$508.00** Double (full premium \$1,016.00)  
\_\_\_\_\_ **\$705.00** Family (full premium \$1,410.00)

**Blue Shield ABHP Adjunct Faculty Rates:**

\_\_\_\_\_ **\$279.00** Single (full premium \$558.00)  
\_\_\_\_\_ **\$608.00** Double (full premium \$1,216.00)  
\_\_\_\_\_ **\$855.00** Family (full premium \$1,710.00)

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

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