



## 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 10/1/18*

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

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

**Kaiser Permanente HMO Adjunct Faculty Rates:**

_____	<b>\$313.00</b> Single (full premium	\$626.00)
_____	<b>\$660.50</b> Double (full premium	\$1,321.00)
_____	<b>\$917.50</b> Family (full premium	\$1,835.00)

**Blue Shield HMO Adjunct Faculty Rates:**

_____	<b>\$343.50</b> Single (full premium	\$687.00)
_____	<b>\$727.00</b> Double (full premium	\$1,454.00)
_____	<b>\$1,011.00</b> Family (full premium	\$2,022.00)

**Blue Shield PPO Adjunct Faculty Rates:**

_____	<b>\$338.50</b> Single (full premium	\$777.00)
_____	<b>\$825.00</b> Double (full premium	\$1,650.00)
_____	<b>\$1,150.00</b> Family (full premium	\$2,300.00)

**Kaiser HSA Adjunct Faculty Rates:**

_____	<b>\$245.50</b> Single (full premium	\$491.00)
_____	<b>\$517.50</b> Double (full premium	\$1,035.00)
_____	<b>\$718.50</b> Family (full premium	\$1,437.00)

**Blue Shield HSA Adjunct Faculty Rates:**

_____	<b>\$282.00</b> Single (full premium	\$564.00)
_____	<b>\$615.00</b> Double (full premium	\$1,230.00)
_____	<b>\$864.50</b> Family (full premium	\$1,729.00)

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**