

OCTOBER 1, 2018 PREMIUMS

ADJUNCT MEDICAL BENEFITS PROGRAM – 50% PREMIUMS

COVERAGE	LEVEL	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUM
Kaiser HMO	Single	\$ 313.00	\$ 313.00	\$ 626.00
Kaiser HMO	Double	\$ 660.50	\$ 660.50	\$ 1,321.00
Kaiser HMO	Family	\$ 917.50	\$ 917.50	\$ 1,835.00
Kaiser HSA	Single	\$ 245.50	\$ 245.50	\$ 491.00
Kaiser HSA	Double	\$ 517.50	\$ 517.50	\$ 1,035.00
Kaiser HSA	Family	\$ 718.50	\$ 718.50	\$ 1,437.00
Blue Shield HSA	Single	\$ 282.00	\$ 282.00	\$ 564.00
Blue Shield HSA	Double	\$ 615.00	\$ 615.00	\$ 1,230.00
Blue Shield HSA	Family	\$ 864.50	\$ 864.50	\$ 1,729.00
Blue Shield HMO	Single	\$ 343.50	\$ 343.50	\$ 687.00
Blue Shield HMO	Double	\$ 727.00	\$ 727.00	\$ 1,454.00
Blue Shield HMO	Family	\$ 1,011.00	\$ 1,011.00	\$ 2,022.00
Blue Shield PPO	Single	\$ 338.50	\$ 338.50	\$ 777.00
Blue Shield PPO	Double	\$ 825.00	\$ 825.00	\$ 1,650.00
Blue Shield PPO	Family	\$ 1,150.00	\$ 1,150.00	\$ 2,300.00
ANNUAL H.S.A. DISTRICT CONTRIBUTIONS FOR ADJUNCT H.S.A. ENROLLEES				
	Single	\$ 600.00		
	Double/Family	\$ 900.00		