



ADJUNCT FACULTY MEDICAL BENEFITS PROGRAM

Premium Payment Voucher (due no later than the 15th of each month)

Monthly Premiums effective 10/1/18

Employee Name: _____

Payment for the month of: _____

Kaiser Permanente HMO Adjunct Faculty Rates:

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

Blue Shield HMO Adjunct Faculty Rates:

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

Blue Shield PPO Adjunct Faculty Rates:

_____	\$388.50 Single (full premium	\$777.00)
_____	\$825.00 Double (full premium	\$1,650.00)
_____	\$1,150.00 Family (full premium	\$2,300.00)

Kaiser HSA Adjunct Faculty Rates:

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

Blue Shield HSA Adjunct Faculty Rates:

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

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**