

**OCTOBER 1, 2020 PREMIUMS**

**ADJUNCT MEDICAL BENEFITS PROGRAM – 50% PREMIUMS**

<b>COVERAGE</b>	<b>LEVEL</b>	<b>EMPLOYEE COST</b>	<b>EMPLOYER COST</b>	<b>TOTAL PREMIUM</b>
Kaiser HMO	Single	\$ 357.00	\$ 357.00	\$ 714.00
Kaiser HMO	Double	\$ 744.50	\$ 744.50	\$ 1,489.00
Kaiser HMO	Family	\$ 1,033.00	\$ 1,033.00	\$ 2,066.00
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Kaiser HSA	Single	\$ 281.50	\$ 281.50	\$ 563.00
Kaiser HSA	Double	\$ 586.00	\$ 586.00	\$ 1,172.00
Kaiser HSA	Family	\$ 813.00	\$ 813.00	\$ 1,626.00
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Blue Shield HSA	Single	\$ 309.00	\$ 309.00	\$ 618.00
Blue Shield HSA	Double	\$ 675.00	\$ 675.00	\$ 1,350.00
Blue Shield HSA	Family	\$ 949.00	\$ 949.00	\$ 1,898.00
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Blue Shield HMO	Single	\$ 391.00	\$ 391.00	\$ 782.00
Blue Shield HMO	Double	\$ 829.00	\$ 829.00	\$ 1,658.00
Blue Shield HMO	Family	\$ 1,155.00	\$ 1,155.00	\$ 2,310.00
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Blue Shield PPO	Single	\$ 437.50	\$ 437.50	\$ 875.00
Blue Shield PPO	Double	\$ 931.50	\$ 931.50	\$ 1,863.00
Blue Shield PPO	Family	\$ 1,299.00	\$ 1,299.00	\$ 2,598.00
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<b>ANNUAL H.S.A. DISTRICT CONTRIBUTIONS FOR ADJUNCT H.S.A. ENROLLEES</b>				
	Single	\$ 600.00		
	Double/Family	\$ 900.00		