

**PREMIUMS FROM OCTOBER 1, 2019 to SEPTEMBER 30, 2020**

**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	\$ 339.00	\$ 339.00	\$ 678.00
Kaiser HMO	Double	\$ 716.00	\$ 716.00	\$ 1,432.00
Kaiser HMO	Family	\$ 995.00	\$ 995.00	\$ 1,990.00
Kaiser HSA	Single	\$ 267.50	\$ 267.50	\$ 535.00
Kaiser HSA	Double	\$ 563.50	\$ 563.50	\$ 1,127.00
Kaiser HSA	Family	\$ 782.50	\$ 782.50	\$ 1,565.00
Blue Shield HSA	Single	\$ 297.50	\$ 297.50	\$ 595.00
Blue Shield HSA	Double	\$ 649.50	\$ 649.50	\$ 1,299.00
Blue Shield HSA	Family	\$ 913.00	\$ 913.00	\$ 1,826.00
Blue Shield HMO	Single	\$ 372.00	\$ 372.00	\$ 744.00
Blue Shield HMO	Double	\$ 787.50	\$ 787.50	\$ 1,575.00
Blue Shield HMO	Family	\$ 1,096.00	\$ 1,096.00	\$ 2,192.00
Blue Shield PPO	Single	\$ 421.50	\$ 421.50	\$ 843.00
Blue Shield PPO	Double	\$ 896.50	\$ 896.50	\$ 1,793.00
Blue Shield PPO	Family	\$ 1,249.50	\$ 1,249.50	\$ 2,499.00
<b>ANNUAL H.S.A. DISTRICT CONTRIBUTIONS FOR ADJUNCT H.S.A. ENROLLEES</b>				
	Single	\$ 600.00		
	Double/Family	\$ 900.00		