



ADJUNCT FACULTY MEDICAL BENEFITS PROGRAM

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

Monthly Premiums for 10/1/2019 – 9/30/2020

Employee Name: _____

Payment for the month of: _____

Kaiser Permanente HMO Adjunct Faculty Rates:

_____ **\$339.00** Single (full premium \$678.00)
_____ **\$716.00** Double (full premium \$1,432.00)
_____ **\$995.00** Family (full premium \$1,990.00)

Blue Shield HMO Adjunct Faculty Rates:

_____ **\$372.00** Single (full premium \$744.00)
_____ **\$787.50** Double (full premium \$1,575.00)
_____ **\$1,096.00** Family (full premium \$2,192.00)

Blue Shield PPO Adjunct Faculty Rates:

_____ **\$421.50** Single (full premium \$843.00)
_____ **\$896.50** Double (full premium \$1,793.00)
_____ **\$1,249.50** Family (full premium \$2,499.00)

Kaiser HSA Adjunct Faculty Rates:

_____ **\$267.50** Single (full premium \$535.00)
_____ **\$563.50** Double (full premium \$1,127.00)
_____ **\$782.50** Family (full premium \$1,565.00)

Blue Shield HSA Adjunct Faculty Rates:

_____ **\$297.50** Single (full premium \$595.00)
_____ **\$649.50** Double (full premium \$1,299.00)
_____ **\$913.00** Family (full premium \$1,826.00)

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**