

**RATES EFFECTIVE OCTOBER 1, 2018**

<b>COVERAGE</b>	<b>EMPLOYEE SHARE</b>	<b>EMPLOYER SHARE</b>	<b>TOTAL PREMIUM</b>
<b>MANAGEMENT &amp; CLASSIFIED</b>			
<b>12-MONTH</b>			
Kaiser HMO - Single	\$ 0.00	\$ 626.00	\$ 626.00
Kaiser HMO - Double	\$ 0.00	\$ 1,321.00	\$ 1,321.00
Kaiser HMO - Family	\$ 0.00	\$ 1,835.00	\$ 1,835.00
Kaiser HSA - Single	\$ 0.00	\$ 491.00	\$ 491.00
Kaiser HSA - Double	\$ 0.00	\$ 1,035.00	\$ 1,035.00
Kaiser HSA - Family	\$ 0.00	\$ 1,437.00	\$ 1,437.00
Blue Shield HSA - Single	\$ 0.00	\$ 564.00	\$ 564.00
Blue Shield HSA - Double	\$ 0.00	\$ 1,230.00	\$ 1,230.00
Blue Shield HSA - Family	\$ 0.00	\$ 1,729.00	\$ 1,729.00
Blue Shield HMO - Single	\$ 61.00	\$ 626.00	\$ 687.00
Blue Shield HMO - Double	\$ 133.00	\$ 1,321.00	\$ 1,454.00
Blue Shield HMO - Family	\$ 187.00	\$ 1,835.00	\$ 2,022.00
Blue Shield PPO - Single	\$ 151.00	\$ 626.00	\$ 777.00
Blue Shield PPO - Double	\$ 329.00	\$ 1,321.00	\$ 1,650.00
Blue Shield PPO - Family	\$ 465.00	\$ 1,835.00	\$ 2,300.00
SRJC Dental	\$ 0.00	\$ 123.00	\$ 123.00
Vision Service Plan – Single	\$ 0.00	\$ 9.18	\$ 9.18
Vision Service Plan - Family	\$ 13.58	\$ 9.18	\$ 22.76
<b>CONTRACT FACULTY</b>			
<b>10-MONTH</b>			
Kaiser HMO - Single	\$ 0.00	\$ 751.20	\$ 751.20
Kaiser HMO - Double	\$ 0.00	\$ 1,585.20	\$ 1,585.20
Kaiser HMO - Family	\$ 0.00	\$ 2,202.00	\$ 2,202.00
Kaiser HSA - Single	\$ 0.00	\$ 589.20	\$ 589.20
Kaiser HSA - Double	\$ 0.00	\$ 1,242.00	\$ 1,242.00
Kaiser HSA - Family	\$ 0.00	\$ 1,724.40	\$ 1,724.40
Blue Shield HSA - Single	\$ 0.00	\$ 676.80	\$ 676.80
Blue Shield HSA - Double	\$ 0.00	\$ 1,476.00	\$ 1,476.00
Blue Shield HSA - Family	\$ 0.00	\$ 2,074.80	\$ 2,074.80
Blue Shield HMO - Single	\$ 73.20	\$ 751.20	\$ 824.40
Blue Shield HMO - Double	\$ 159.60	\$ 1,585.20	\$ 1,744.80
Blue Shield HMO - Family	\$ 224.40	\$ 2,202.00	\$ 2,426.40
Blue Shield PPO - Single	\$ 181.20	\$ 751.20	\$ 932.40
Blue Shield PPO - Double	\$ 394.80	\$ 1,585.20	\$ 1,980.00
Blue Shield PPO - Family	\$ 558.00	\$ 2,202.00	\$ 2,760.00
SRJC Dental	\$ 0.00	\$ 147.60	\$ 147.60
Vision Service Plan – Single	\$ 0.00	\$ 11.02	\$ 11.02
Vision Service Plan - Family	\$ 16.29	\$ 11.02	\$ 27.31