

RATES EFFECTIVE OCTOBER 1, 2019

| COVERAGE | EMPLOYEE SHARE | EMPLOYER SHARE | TOTAL PREMIUM |
|--|-----------------------|-----------------------|----------------------|
| 1.0 FTE MANAGEMENT & CLASSIFIED | | | |
| 12-MONTH | | | |
| Kaiser HMO - Single | \$ 0.00 | \$ 678.00 | \$ 678.00 |
| Kaiser HMO - Double | \$ 0.00 | \$ 1,432.00 | \$ 1,432.00 |
| Kaiser HMO - Family | \$ 0.00 | \$ 1,990.00 | \$ 1,990.00 |
| | | | |
| Kaiser HSA - Single | \$ 0.00 | \$ 535.00 | \$ 535.00 |
| Kaiser HSA - Double | \$ 0.00 | \$ 1,127.00 | \$ 1,127.00 |
| Kaiser HSA - Family | \$ 0.00 | \$ 1,565.00 | \$ 1,565.00 |
| | | | |
| Blue Shield HSA - Single | \$ 0.00 | \$ 595.00 | \$ 595.00 |
| Blue Shield HSA - Double | \$ 0.00 | \$ 1,299.00 | \$ 1,299.00 |
| Blue Shield HSA - Family | \$ 0.00 | \$ 1,826.00 | \$ 1,826.00 |
| | | | |
| Blue Shield HMO - Single | \$ 66.00 | \$ 678.00 | \$ 744.00 |
| Blue Shield HMO - Double | \$ 143.00 | \$ 1,432.00 | \$ 1,575.00 |
| Blue Shield HMO - Family | \$ 202.00 | \$ 1,990.00 | \$ 2,192.00 |
| | | | |
| Blue Shield PPO - Single | \$ 165.00 | \$ 678.00 | \$ 843.00 |
| Blue Shield PPO - Double | \$ 361.00 | \$ 1,432.00 | \$ 1,793.00 |
| Blue Shield PPO - Family | \$ 509.00 | \$ 1,990.00 | \$ 2,499.00 |
| | | | |
| 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 |
| | | | |
| CONTRACT FACULTY | | | |
| 10-MONTH | | | |
| Kaiser HMO - Single | \$ 0.00 | \$ 813.60 | \$ 813.60 |
| Kaiser HMO - Double | \$ 0.00 | \$ 1,718.40 | \$ 1,718.40 |
| Kaiser HMO - Family | \$ 0.00 | \$ 2,388.00 | \$ 2,388.00 |
| | | | |
| Kaiser HSA - Single | \$ 0.00 | \$ 642.00 | \$ 642.00 |
| Kaiser HSA - Double | \$ 0.00 | \$ 1,352.40 | \$ 1,352.40 |
| Kaiser HSA - Family | \$ 0.00 | \$ 1,878.00 | \$ 1,878.00 |
| | | | |
| Blue Shield HSA - Single | \$ 0.00 | \$ 714.00 | \$ 714.00 |
| Blue Shield HSA - Double | \$ 0.00 | \$ 1,558.80 | \$ 1,558.80 |
| Blue Shield HSA - Family | \$ 0.00 | \$ 2,191.20 | \$ 2,191.20 |
| | | | |
| Blue Shield HMO - Single | \$ 79.20 | \$ 813.60 | \$ 892.80 |
| Blue Shield HMO - Double | \$ 171.60 | \$ 1,718.40 | \$ 1,890.00 |
| Blue Shield HMO - Family | \$ 242.40 | \$ 2,388.00 | \$ 2,630.40 |
| | | | |
| Blue Shield PPO - Single | \$ 198.00 | \$ 813.60 | \$ 1,011.60 |
| Blue Shield PPO - Double | \$ 433.20 | \$ 1,718.40 | \$ 2,151.60 |
| Blue Shield PPO - Family | \$ 610.80 | \$ 2,388.00 | \$ 2,998.80 |
| | | | |
| 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 |