

**ASSOCIATE FACULTY MEDICAL BENEFITS PROGRAM
 COSTS LISTED BELOW ARE PER MONTH EFFECTIVE
 10/1/2023**

COVERAGE	EMPLOYEE SHARE	TOTAL PREMIUM
Kaiser HMO - Single	\$ 0.00	\$ 835.00
Kaiser HMO - Double	\$ 0.00	\$ 1,743.00
Kaiser HMO - Family	\$ 0.00	\$ 2,420.00
Kaiser Deductible - Single	\$ 0.00	\$ 666.00
Kaiser Deductible - Double	\$ 0.00	\$ 1,388.00
Kaiser Deductible - Family	\$ 0.00	\$ 1,926.00
Blue Shield Deductible - Single	\$ 0.00	\$ 762.00
Blue Shield Deductible - Double	\$ 0.00	\$ 1,600.00
Blue Shield Deductible - Family	\$ 0.00	\$ 2,220.00
Blue Shield HMO - Single	\$ 121.00	\$ 956.00
Blue Shield HMO - Double	\$ 295.00	\$ 2,038.00
Blue Shield HMO - Family	\$ 421.00	\$ 2,841.00
Blue Shield PPO - Single	\$ 229.00	\$ 1,064.00
Blue Shield PPO - Double	\$ 533.00	\$ 2,276.00
Blue Shield PPO - Family	\$ 756.00	\$ 3,176.00