

**ASSOCIATE FACULTY  
MONTHLY RATES EFFECTIVE OCTOBER 1, 2024**

	<b>EMPLOYEE SHARE</b>	<b>EMPLOYER SHARE</b>	<b>TOTAL PREMIUM</b>
Kaiser HMO - Single	\$ 0.00	\$ 908.00	\$ 908.00
Kaiser HMO - Double	\$ 0.00	\$ 1,896.00	\$ 1,896.00
Kaiser HMO - Family	\$ 0.00	\$ 2,633.00	\$ 2,633.00
Kaiser Deductible - Single	\$ 0.00	\$ 724.00	\$ 724.00
Kaiser Deductible - Double	\$ 0.00	\$ 1,510.00	\$ 1,510.00
Kaiser Deductible - Family	\$ 0.00	\$ 2,096.00	\$ 2,096.00
Blue Shield Deductible - Single	\$ 0.00	\$ 801.00	\$ 801.00
Blue Shield Deductible - Double	\$ 0.00	\$ 1,685.00	\$ 1,685.00
Blue Shield Deductible - Family	\$ 0.00	\$ 2,340.00	\$ 2,340.00
Blue Shield HMO - Single	\$ 104.00	\$ 908.00	\$ 1,012.00
Blue Shield HMO - Double	\$ 261.00	\$ 1,896.00	\$ 2,157.00
Blue Shield HMO - Family	\$ 375.00	\$ 2,633.00	\$ 3,008.00
Blue Shield PPO - Single	\$ 219.00	\$ 908.00	\$ 1,127.00
Blue Shield PPO - Double	\$ 514.00	\$ 1,896.00	\$ 2,410.00
Blue Shield PPO - Family	\$ 732.00	\$ 2,633.00	\$ 3,365.00