

MONTHLY RATES EFFECTIVE OCTOBER 1, 2023

1.0 FTE MANAGEMENT AND CLASSIFIED, ASSOCIATE FACULTY, TRUSTEE, 12-MONTH	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM
Kaiser HMO - Single	\$ 0.00	\$ 835.00	\$ 835.00
Kaiser HMO - Double	\$ 0.00	\$ 1,743.00	\$ 1,743.00
Kaiser HMO - Family	\$ 0.00	\$ 2,420.00	\$ 2,420.00
Kaiser Deductible - Single	\$ 0.00	\$ 666.00	\$ 666.00
Kaiser Deductible - Double	\$ 0.00	\$ 1,388.00	\$ 1,388.00
Kaiser Deductible - Family	\$ 0.00	\$ 1,926.00	\$ 1,926.00
Blue Shield Deductible - Single	\$ 0.00	\$ 762.00	\$ 762.00
Blue Shield Deductible - Double	\$ 0.00	\$ 1,600.00	\$ 1,600.00
Blue Shield Deductible - Family	\$ 0.00	\$ 2,220.00	\$ 2,220.00
Blue Shield HMO - Single	\$ 121.00	\$ 835.00	\$ 956.00
Blue Shield HMO - Double	\$ 295.00	\$ 1,743.00	\$ 2,038.00
Blue Shield HMO - Family	\$ 421.00	\$ 2,420.00	\$ 2,841.00
Blue Shield PPO - Single	\$ 229.00	\$ 835.00	\$ 1,064.00
Blue Shield PPO - Double	\$ 533.00	\$ 1,743.00	\$ 2,276.00
Blue Shield PPO - Family	\$ 756.00	\$ 2,420.00	\$ 3,176.00
SRJC Dental	\$ 0.00	\$ 129.00	\$ 129.00
Vision Service Plan – Single	\$ 0.00	\$ 8.02	\$ 8.02
Vision Service Plan - Family	\$ 11.87	\$ 8.02	\$ 19.89
CONTRACT FACULTY AND 10-MONTH 1.0 FTE CLASSIFIED	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM
Kaiser HMO - Single	\$ 0.00	\$ 1,002.00	\$ 1,002.00
Kaiser HMO - Double	\$ 0.00	\$ 2,091.60	\$ 2,091.60
Kaiser HMO - Family	\$ 0.00	\$ 2,904.00	\$ 2,904.00
Kaiser Deductible - Single	\$ 0.00	\$ 799.20	\$ 799.20
Kaiser Deductible - Double	\$ 0.00	\$ 1,665.60	\$ 1,665.60
Kaiser Deductible - Family	\$ 0.00	\$ 2,311.20	\$ 2,311.20
Blue Shield HSA - Single	\$ 0.00	\$ 914.40	\$ 914.40
Blue Shield HSA - Double	\$ 0.00	\$ 1,920.00	\$ 1,920.00
Blue Shield HSA - Family	\$ 0.00	\$ 2,664.00	\$ 2,664.00
Blue Shield HMO - Single	\$ 145.20	\$ 1,002.00	\$ 1,147.20
Blue Shield HMO - Double	\$ 354.00	\$ 2,091.60	\$ 2,445.60
Blue Shield HMO - Family	\$ 505.20	\$ 2,904.00	\$ 3,409.20
Blue Shield PPO - Single	\$ 274.80	\$ 1,002.00	\$ 1,276.80
Blue Shield PPO - Double	\$ 639.60	\$ 2,091.60	\$ 2,731.20
Blue Shield PPO - Family	\$ 907.20	\$ 2,904.00	\$ 3,811.20
SRJC Dental	\$ 0.00	\$ 154.80	\$ 154.80
Vision Service Plan – Single	\$ 0.00	\$ 9.62	\$ 9.62
Vision Service Plan - Family	\$ 14.24	\$ 9.62	\$ 23.87