



# SANTA ROSA JUNIOR COLLEGE

## ADJUNCT FACULTY MEDICAL BENEFITS PROGRAM

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### PREMIUM PAYMENT VOUCHER

(due no later than the 15<sup>th</sup> of each month)

*Monthly Premiums for 4/1/2021 – 9/30/2021*

Employee Name: \_\_\_\_\_

Payment for the month of: \_\_\_\_\_

#### Kaiser Permanente HMO Adjunct Faculty Rates:

_____	<b>\$357.00</b> Single (full premium	\$714.00)
_____	<b>\$744.50</b> Double (full premium	\$1,489.00)
_____	<b>\$1,033.00</b> Family (full premium	\$2,066.00)

#### Blue Shield HMO Adjunct Faculty Rates:

_____	<b>\$391.00</b> Single (full premium	\$782.00)
_____	<b>\$829.00</b> Double (full premium	\$1,658.00)
_____	<b>\$1,155.00</b> Family (full premium	\$2,310.00)

#### Blue Shield PPO Adjunct Faculty Rates:

_____	<b>\$437.50</b> Single (full premium	\$875.00)
_____	<b>\$931.50</b> Double (full premium	\$1,863.00)
_____	<b>\$1,299.00</b> Family (full premium	\$2,598.00)

#### Kaiser HSA Adjunct Faculty Rates:

_____	<b>\$281.50</b> Single (full premium	\$563.00)
_____	<b>\$586.00</b> Double (full premium	\$1,172.00)
_____	<b>\$813.00</b> Family (full premium	\$1,626.00)

#### Blue Shield HSA Adjunct Faculty Rates:

_____	<b>\$309.00</b> Single (full premium	\$618.00)
_____	<b>\$675.0</b> Double (full premium	\$1,350.00)
_____	<b>\$949.00</b> Family (full premium	\$1,898.00)

Please indicate your coverage and return a copy of this voucher (by the 15<sup>th</sup> of each month) with your payment to:

**SANTA ROSA JUNIOR COLLEGE**  
**ATTN: DEBBIE WEATHERLY, ACCOUNTING**  
**1501 MENDOCINO AVENUE**  
**SANTA ROSA, CALIFORNIA 95401**  
[dweatherly@santarosa.edu](mailto:dweatherly@santarosa.edu)  
**707-527-4505**