



# SANTA ROSA JUNIOR COLLEGE

## ASSOCIATE FACULTY MEDICAL BENEFITS PROGRAM

### PREMIUM PAYMENT VOUCHER

4/1/22 – 9/30/22

*Your premium payment will be deducted from your paycheck. During a coverage period when you do not receive a paycheck (i.e. summer), you are responsible for making the premium payments directly to the Accounting Department by submitting this Premium Payment Voucher along with your payment.*

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

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

#### **Kaiser Permanente HMO Associate Faculty Rates:**

<b>\$357.50</b> Single (full premium	\$715.00)
<b>\$746.00</b> Double (full premium	\$1,492.00)
<b>\$1,035.50</b> Family (full premium	\$2,071.00)

#### **Blue Shield HMO Associate Faculty Rates:**

<b>\$406.50</b> Single (full premium	\$813.00)
<b>\$861.50</b> Double (full premium	\$1,723.00)
<b>\$1,198.50</b> Family (full premium	\$2,397.00)

#### **Blue Shield PPO Associate Faculty Rates:**

<b>\$454.00</b> Single (full premium	\$908.00)
<b>\$966.00</b> Double (full premium	\$1,932.00)
<b>\$1,345.50</b> Family (full premium	\$2,691.00)

#### **Kaiser HSA Associate Faculty Rates:**

<b>\$285.00</b> Single (full premium	\$570.00)
<b>\$594.0</b> Double (full premium	\$1,188.00)
<b>\$824.00</b> Family (full premium	\$1,648.00)

#### **Blue Shield HSA Associate Faculty Rates:**

<b>\$320.00</b> Single (full premium	\$640.00)
<b>\$698.50</b> Double (full premium	\$1,397.00)
<b>\$982.50</b> Family (full premium	\$1,965.00)

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, CA 95401**  
[dweatherly@santarosa.edu](mailto:dweatherly@santarosa.edu)  
**707-527-4505**