

RATES EFFECTIVE OCTOBER 1, 2021

COVERAGE	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM
1.0 FTE MANAGEMENT & CLASSIFIED			
12-MONTH			
Kaiser HMO - Single	\$0.00	\$715.00	\$715.00
Kaiser HMO - Double	\$0.00	\$1,492.00	\$1,492.00
Kaiser HMO - Family	\$0.00	\$2,071.00	\$2,071.00
Kaiser H.S.A - Single	\$0.00	\$570.00	\$570.00
Kaiser H.S.A - Double	\$0.00	\$1,188.00	\$1,188.00
Kaiser H.S.A - Family	\$0.00	\$1,648.00	\$1,648.00
Blue Shield H.S.A - Single	\$0.00	\$640.00	\$640.00
Blue Shield H.S.A - Double	\$0.00	\$1,397.00	\$1,397.00
Blue Shield H.S.A - Family	\$0.00	\$1,965.00	\$1,965.00
Blue Shield HMO - Single	\$98.00	\$715.00	\$813.00
Blue Shield HMO - Double	\$231.00	\$1,492.00	\$1,723.00
Blue Shield HMO - Family	\$326.00	\$2,071.00	\$2,397.00
Blue Shield PPO - Single	\$193.00	\$715.00	\$908.00
Blue Shield PPO - Double	\$440.00	\$1,492.00	\$1,932.00
Blue Shield PPO - Family	\$620.00	\$2,071.00	\$2,691.00
SRJC Dental	\$0.00	\$129.00	\$129.00
Vision Service Plan - Single	\$0.00	\$8.72	\$8.72
Vision Service Plan - Family	\$12.90	\$8.72	\$21.62
CONTRACT FACULTY			
10-MONTH			
Kaiser HMO - Single	\$0.00	\$858.00	\$858.00
Kaiser HMO - Double	\$0.00	\$1,790.40	\$1,790.40
Kaiser HMO - Family	\$0.00	\$2,485.20	\$2,485.20
Kaiser H.S.A - Single	\$0.00	\$684.00	\$684.00
Kaiser H.S.A - Double	\$0.00	\$1,425.60	\$1,425.60
Kaiser H.S.A - Family	\$0.00	\$1,977.60	\$1,977.60
Blue Shield H.S.A - Single	\$0.00	\$768.00	\$768.00
Blue Shield H.S.A - Double	\$0.00	\$1,676.40	\$1,676.40
Blue Shield H.S.A - Family	\$0.00	\$2,358.00	\$2,358.00
Blue Shield HMO - Single	\$117.60	\$858.00	\$975.60
Blue Shield HMO - Double	\$277.20	\$1,790.40	\$2,067.60
Blue Shield HMO - Family	\$391.20	\$2,485.20	\$2,876.40
Blue Shield PPO - Single	\$231.60	\$858.00	\$1,089.60
Blue Shield PPO - Double	\$528.00	\$1,790.40	\$2,318.40
Blue Shield PPO - Family	\$744.00	\$2,485.20	\$3,229.20
SRJC Dental	\$0.00	\$129.00	\$129.00
Vision Service Plan - Single	\$0.00	\$10.46	\$10.46
Vision Service Plan - Family	\$15.48	\$10.46	\$25.94