

MONTHLY RATES EFFECTIVE OCTOBER 1, 2024

12-MONTH 1.0 FTE CLASSIFIED, MANAGEMENT AND TRUSTEE	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM
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
SRJC Dental	\$ 0.00	\$ 129.00	\$ 129.00
Vision Service Plan – Single	\$ 0.00	\$ 7.77	\$ 7.77
Vision Service Plan - Family	\$ 11.53	\$ 7.77	\$ 19.30
10-MONTH 1.0 FTE CLASSIFIED AND CONTRACT FACULTY	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM
Kaiser HMO - Single	\$ 0.00	\$ 1,089.60	\$ 1,089.60
Kaiser HMO - Double	\$ 0.00	\$ 2,275.20	\$ 2,275.20
Kaiser HMO - Family	\$ 0.00	\$ 3,159.60	\$ 3,159.60
Kaiser Deductible - Single	\$ 0.00	\$ 868.80	\$ 868.80
Kaiser Deductible - Double	\$ 0.00	\$ 1,812.00	\$ 1,812.00
Kaiser Deductible - Family	\$ 0.00	\$ 2,515.20	\$ 2,515.20
Blue Shield HSA - Single	\$ 0.00	\$ 961.20	\$ 961.20
Blue Shield HSA - Double	\$ 0.00	\$ 2,022.00	\$ 2,022.00
Blue Shield HSA - Family	\$ 0.00	\$ 2,808.00	\$ 2,808.00
Blue Shield HMO - Single	\$ 124.80	\$ 1,089.60	\$ 1,214.40
Blue Shield HMO - Double	\$ 313.20	\$ 2,275.20	\$ 2,588.40
Blue Shield HMO - Family	\$ 450.00	\$ 3,159.60	\$ 3,609.60
Blue Shield PPO - Single	\$ 262.80	\$ 1,089.60	\$ 1,352.40
Blue Shield PPO - Double	\$ 616.80	\$ 2,275.20	\$ 2,892.00
Blue Shield PPO - Family	\$ 878.40	\$ 3,159.60	\$ 4,038.00
SRJC Dental	\$ 0.00	\$ 154.80	\$ 154.80
Vision Service Plan – Single	\$ 0.00	\$ 9.32	\$ 9.32
Vision Service Plan - Family	\$ 13.84	\$ 9.32	\$ 23.16

For those working less than 1.0 FTE the premium is pro-rated