

MONTHLY RATES EFFECTIVE OCTOBER 1, 2025

12-MONTH 1.0 FTE CLASSIFIED; TRUSTEE	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM
Kaiser HMO - Single	\$ 0.00	\$ 982.00	\$ 982.00
Kaiser HMO - Double	\$ 0.00	\$ 2,052.00	\$ 2,052.00
Kaiser HMO - Family	\$ 0.00	\$ 2,850.00	\$ 2,850.00
Kaiser Deductible - Single	\$ 0.00	\$ 783.00	\$ 783.00
Kaiser Deductible - Double	\$ 0.00	\$ 1,634.00	\$ 1,634.00
Kaiser Deductible - Family	\$ 0.00	\$ 2,269.00	\$ 2,269.00
Blue Shield Deductible - Single	\$ 0.00	\$ 877.00	\$ 877.00
Blue Shield Deductible - Double	\$ 0.00	\$ 1,844.00	\$ 1,844.00
Blue Shield Deductible - Family	\$ 0.00	\$ 2,560.00	\$ 2,560.00
Blue Shield HMO - Single	\$ 119.00	\$ 982.00	\$ 1,101.00
Blue Shield HMO - Double	\$ 293.00	\$ 2,052.00	\$ 2,345.00
Blue Shield HMO - Family	\$ 420.00	\$ 2,850.00	\$ 3,270.00
Blue Shield PPO - Single	\$ 243.00	\$ 982.00	\$ 1,225.00
Blue Shield PPO - Double	\$ 567.00	\$ 2,052.00	\$ 2,619.00
Blue Shield PPO - Family	\$ 806.00	\$ 2,850.00	\$ 3,656.00
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	\$ 1,178.40	\$ 1,178.40
Kaiser HMO - Double	\$ 0.00	\$ 2,462.40	\$ 2,462.40
Kaiser HMO - Family	\$ 0.00	\$ 3,420.00	\$ 3,159.60
Kaiser Deductible - Single	\$ 0.00	\$ 939.6	\$ 939.6
Kaiser Deductible - Double	\$ 0.00	\$ 1,960.80	\$ 1,960.80
Kaiser Deductible - Family	\$ 0.00	\$ 2,722.80	\$ 2,722.80
Blue Shield HSA - Single	\$ 0.00	\$ 1,052.40	\$ 1,052.40
Blue Shield HSA - Double	\$ 0.00	\$ 2,212.80	\$ 2,212.80
Blue Shield HSA - Family	\$ 0.00	\$ 3,072.00	\$ 3,072.00
Blue Shield HMO - Single	\$ 142.80	\$ 1,178.40	\$ 1,321.20
Blue Shield HMO - Double	\$ 351.60	\$ 2,462.40	\$ 2,814.00
Blue Shield HMO - Family	\$ 504.00	\$ 3,420.00	\$ 3,924.00
Blue Shield PPO - Single	\$ 291.60	\$ 1,178.40	\$ 1,470.00
Blue Shield PPO - Double	\$ 680.40	\$ 2,462.40	\$ 3,142.80
Blue Shield PPO - Family	\$ 967.20	\$ 3,420.00	\$ 4,387.20
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