MONTHLY RATES EFFECTIVE OCTOBER 1, 2025

12-MONTH 1.0 FTE CLASSIFIED	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