MONTHLY RATES EFFECTIVE OCTOBER 1, 2026

12-MONTH 1.0 FTE CLASSIFIED	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM
Kaiser HMO - Single	$ 0.00	$ 1,061.00	$ 1,061.00
Kaiser HMO - Double	$ 0.00	$ 2,219.00	$ 2,219.00
Kaiser HMO - Family	$ 0.00	$ 3,082.00	$ 3,082.00
Kaiser Deductible - Single	$ 0.00	$ 846.00	$ 846.00
Kaiser Deductible - Double	$ 0.00	$ 1,767.00	$ 1,767.00
Kaiser Deductible - Family	$ 0.00	$ 2,454.00	$ 2,454.00
Blue Shield Deductible - Single	$ 0.00	$ 963.00	$ 963.00
Blue Shield Deductible - Double	$ 0.00	$ 2,025.00	$ 2,025.00
Blue Shield Deductible - Family	$ 0.00	$ 2,810.00	$ 2,810.00
Blue Shield HMO - Single	$ 148.00	$ 1,061.00	$ 1,209.00
Blue Shield HMO - Double	$ 356.00	$ 2,219.00	$ 2,575.00
Blue Shield HMO - Family	$ 508.00	$ 3,082.00	$ 3,590.00
Blue Shield PPO - Single	$ 284.00	$ 1,061.00	$ 1,345.00
Blue Shield PPO - Double	$ 656.00	$ 2,219.00	$ 2,875.00
Blue Shield PPO - Family	$ 930.00	$ 3,082.00	$ 4,012.00
SRJC Dental	$ 0.00	$ 129.00	$ 129.00
Vision Service Plan – Single	$ 0.00	$ 7.44	$ 7.44
Vision Service Plan - Family	$ 11.02	$ 7.44	$ 18.46
10-MONTH 1.0 FTE CLASSIFIED AND CONTRACT FACULTY	**EMPLOYEE SHARE**	**EMPLOYER SHARE**	**TOTAL PREMIUM**
Kaiser HMO - Single	$ 0.00	$ 1,273.20	$ 1,273.20
Kaiser HMO - Double	$ 0.00	$ 2,662.80	$ 2,662.80
Kaiser HMO - Family	$ 0.00	$ 3,698.40	$ 3,698.40
Kaiser Deductible - Single	$ 0.00	$ 1,015.20	$ 1,015.20
Kaiser Deductible - Double	$ 0.00	$ 2,120.40	$ 2,120.40
Kaiser Deductible - Family	$ 0.00	$ 2,944.80	$ 2,944.80
Blue Shield HSA - Single	$ 0.00	$ 1,155.60	$ 1,155.60
Blue Shield HSA - Double	$ 0.00	$ 2,430.00	$ 2,430.00
Blue Shield HSA - Family	$ 0.00	$ 3,372.00	$ 3,372.00
Blue Shield HMO - Single	$ 177.60	$ 1,273.20	$ 1,450.80
Blue Shield HMO - Double	$ 427.20	$ 2,662.80	$ 3,090.00
Blue Shield HMO - Family	$ 609.60	$ 3,698.40	$ 4,308.00
Blue Shield PPO - Single	$ 340.80	$ 1,273.20	$ 1,614.00
Blue Shield PPO - Double	$ 787.20	$ 2,662.80	$ 3,450.00
Blue Shield PPO - Family	$ 1,116.00	$ 3,698.40	$ 4,814.40
SRJC Dental	$ 0.00	$ 154.80	$ 154.80
Vision Service Plan – Single	$ 0.00	$ 8.93	$ 8.93
Vision Service Plan - Family	$ 13.22	$ 8.93	$ 22.15

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