

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 Deductible - Single	\$ 0.00	\$ 1,155.60	\$ 1,155.60
Blue Shield Deductible - Double	\$ 0.00	\$ 2,430.00	\$ 2,430.00
Blue Shield Deductible - 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