ERO MONTHLY RATES EFFECTIVE OCTOBER 1, 2025

RETIREE	RETIREE 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