

ERO MONTHLY RATES EFFECTIVE OCTOBER 1, 2026

RETIREE FACULTY AND CLASSIFIED	RETIREE SHARE	SRJC 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

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