

ERO MONTHLY RATES EFFECTIVE OCTOBER 1, 2025

RETIREE FACULTY AND CLASSIFIED	RETIREE SHARE	SRJC 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