

MONTHLY RATES EFFECTIVE OCTOBER 1, 2025

MANAGEMENT RETIREES	RETIREE SHARE	SRJC SHARE	TOTAL PREMIUM
Kaiser HMO - Single	\$ 60.00	\$ 922.00	\$ 982.00
Kaiser HMO - Double	\$ 120.00	\$ 1,932.00	\$ 2,052.00
Kaiser HMO - Family	\$ 180.00	\$ 2,670.00	\$ 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	\$ 179.00	\$ 922.00	\$ 1,101.00
Blue Shield HMO - Double	\$ 413.00	\$ 1,932.00	\$ 2,345.00
Blue Shield HMO - Family	\$ 600.00	\$ 2,670.00	\$ 3,270.00
Blue Shield PPO - Single	\$ 303.00	\$ 922.00	\$ 1,225.00
Blue Shield PPO - Double	\$ 687.00	\$ 1,932.00	\$ 2,619.00
Blue Shield PPO - Family	\$ 986.00	\$ 2,670.00	\$ 3,656.00
SRJC Dental	\$ 0.00	\$ 129.00	\$ 129.00
Vision Service Plan – Single	\$ 0.00	\$ 7.77	\$ 7.77
Vision Service Plan - Family	\$ 11.53	\$ 7.77	\$ 19.30

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