MONTHLY RATES EFFECTIVE OCTOBER 1, 2025

12-MONTH 1.0 FTE MANAGEMENT	EMPLOYEE SHARE	EMPLOYER 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