MONTHLY RATES EFFECTIVE OCTOBER 1, 2026

1.0 FTE MANAGEMENT AND BOARD OF TRUSTEES	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM
Kaiser HMO - Single	$ 60.00	$ 1,001.00	$ 1,061.00
Kaiser HMO - Double	$ 120.00	$ 2,099.00	$ 2,219.00
Kaiser HMO - Family	$ 180.00	$ 2,902.00	$ 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	$ 208.00	$ 1,001.00	$ 1,209.00
Blue Shield HMO - Double	$ 476.00	$ 2,099.00	$ 2,575.00
Blue Shield HMO - Family	$ 688.00	$ 2,902.00	$ 3,590.00
Blue Shield PPO - Single	$ 344.00	$ 1,001.00	$ 1,345.00
Blue Shield PPO - Double	$ 776.00	$ 2,099.00	$ 2,875.00
Blue Shield PPO - Family	$ 1,110.00	$ 2,902.00	$ 4,012.00
SRJC Dental	$ 0.00	$ 129.00	$ 129.00
Vision Service Plan – Single	$ 0.00	$ 7.44	$ 7.44
Vision Service Plan - Family	$ 11.02	$ 7.44	$ 18.46

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