

MONTHLY RATES EFFECTIVE JULY 1, 2025

MANAGEMENT	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM
Kaiser HMO - Single	\$ 60.00	\$ 848.00	\$ 908.00
Kaiser HMO - Double	\$ 120.00	\$ 1,776.00	\$ 1,896.00
Kaiser HMO - Family	\$ 180.00	\$ 2,453.00	\$ 2,633.00
Kaiser Deductible - Single	\$ 0.00	\$ 724.00	\$ 724.00
Kaiser Deductible - Double	\$ 0.00	\$ 1,510.00	\$ 1,510.00
Kaiser Deductible - Family	\$ 0.00	\$ 2,096.00	\$ 2,096.00
Blue Shield Deductible - Single	\$ 0.00	\$ 801.00	\$ 801.00
Blue Shield Deductible - Double	\$ 0.00	\$ 1,685.00	\$ 1,685.00
Blue Shield Deductible - Family	\$ 0.00	\$ 2,340.00	\$ 2,340.00
Blue Shield HMO - Single	\$ 164.00	\$ 848.00	\$ 1,012.00
Blue Shield HMO - Double	\$ 381.00	\$ 1,776.00	\$ 2,157.00
Blue Shield HMO - Family	\$ 555.00	\$ 2,453.00	\$ 3,008.00
Blue Shield PPO - Single	\$ 279.00	\$ 848.00	\$ 1,127.00
Blue Shield PPO - Double	\$ 634.00	\$ 1,776.00	\$ 2,410.00
Blue Shield PPO - Family	\$ 912.00	\$ 2,453.00	\$ 3,365.00
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