MONTHLY RATES EFFECTIVE JULY 1, 2025

MANAGEMENT AND BOARD OF TRUSTEES	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