

## Adjunct Faculty Fall 2024 & Spring 2025 Eighthly\* Rates

\*Premiums and District Contributions are only processed eight (8) months of the year with no premium deductions or contributions in February, March, August, or September.

**Employee Paid Employer Paid** Fall 2024 Coverage **Total Eighthly** Premium Contribution Level Cost of Coverage **Coverage and Deduction Period** (eighthly) (eighthly) **Medical Plan** Kaiser Permanente \$ \$ Ś Single 357.36 750.00 1,107.36 Coverage period: September 1 - January 31 Two-Party Ś 1,464.70 \$ 750.00 Ś 2,214.70 Deduction period: **October - January** \$ \$ \$ Family 2,383.80 750.00 3,133.80 **Dental Plan CIGNA DHMO** \$ \$ 22.95 \$ 22.95 Coverage period: Single September 1 - January 31 Deduction period: **October - January** Ś Ś Ś 61.89 61.89 Family

Spring 2025 Coverage and Deduction Period	Coverage Level	F	ployee Paid Premium eighthly)	Employer Paid Contribution (eighthly)		Total Eighthly Cost of Coverage	
Medical Plan							
Kaiser Permanente	Single	\$	404.69	\$	750.00	\$	1,154.69
Coverage period: February 1 - August 31	Two-Party	\$	1,559.36	\$	750.00	\$	2,309.36
Deduction period: <b>April - July</b>	Family	\$	2,517.74	\$	750.00	\$	3,267.74
Dental Plan	i anny	Ļ	2,317.74	Ļ	750.00	ې	3,207.74
CIGNA DHMO	Single	\$	33.02	\$	-	\$	33.02
Coverage period: <b>February 1 - August 31</b> Deduction period:		Ŷ	55.02	Υ		Ŷ	55.02
April - July	Family	\$	89.06	\$	-	\$	89.06