

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: April - July	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: February 1 - August 31 Deduction period:		Ŷ	55.02	Υ		Ŷ	55.02
April - July	Family	\$	89.06	\$	-	\$	89.06