



## 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.

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

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