



Adjunct Kaiser & Cigna Eighthly* Rates Fall 2024 & Spring 2025

*Premiums and District Contributions are processed for 8 months out of the year.

Fall 2024

Plan Name	Coverage Level	Eighthly Deduction Rate	Eighthly Employer Contribution	Eighthly Employee Payment
Kaiser Permanente Coverage period: September 1 - January 31 Deduction period: October - January	Single	\$ 1,107.36	\$ 750.00	\$ 357.36
	Two-Party	\$ 2,214.70	\$ 750.00	\$ 1,464.70
	Family	\$ 3,133.80	\$ 750.00	\$ 2,383.80

CIGNA DHMO Dental Coverage period: September 1 - January 31 Deduction period: October - January	Single	\$ 22.95	\$ -	\$ 22.95
	Family	\$ 61.89	\$ -	\$ 61.89

Spring 2025

Plan Name	Coverage Level	Eighthly Deduction Rate	Eighthly Employer Contribution	Eighthly Employee Payment
Kaiser Permanente Coverage period: February 1 - August 31 Deduction period: April - July	Single	\$ 1,154.69	\$ 750.00	\$ 404.69
	Two-Party	\$ 2,309.36	\$ 750.00	\$ 1,559.36
	Family	\$ 3,267.74	\$ 750.00	\$ 2,517.74

CIGNA DHMO Dental Coverage period: February 1 - August 31 Deduction period: April - July	Single	\$ 33.02	\$ -	\$ 33.02
	Family	\$ 89.06	\$ -	\$ 89.06