



Adjunct Faculty Fall 2025 & Spring 2026 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 2025 Coverage and Deduction Period	Coverage Level	Total Cost of Coverage (eighthly rate)	District Paid Contribution (eighthly rate)	Employee Paid Premium (eighthly rate)
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Medical Plan

Kaiser Permanente Coverage period: September 1 - January 31 Deduction period: October - January	Single	\$ 1,174.46	\$ 750.00	\$ 424.46
	Two-Party	\$ 2,348.92	\$ 750.00	\$ 1,598.92
	Family	\$ 3,323.71	\$ 750.00	\$ 2,573.71

Dental Plan

CIGNA DHMO Coverage period: September 1 - January 31 Deduction period: October - January	Single	\$ 23.75	\$ -	\$ 23.75
	Family	\$ 64.06	\$ -	\$ 64.06

Spring 2026 Coverage and Deduction Period	Coverage Level	Total Cost of Coverage (eighthly rate)	District Contribution (eighthly rate)	Employee Paid Premium (eighthly rate)
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Medical Plan

Kaiser Permanente Coverage period: February 1 - August 31 Deduction period: April - July	Single	\$ 1,253.56	\$ 750.00	\$ 503.56
	Two-Party	\$ 2,507.12	\$ 750.00	\$ 1,757.12
	Family	\$ 3,547.57	\$ 750.00	\$ 2,797.57

Dental Plan

CIGNA DHMO Coverage period: February 1 - August 31 Deduction period: April - July	Single	\$ 34.18	\$ -	\$ 34.18
	Family	\$ 92.17	\$ -	\$ 92.17