

Medical Plan Rates

MEDICAL: LEVEL OF COVERAGE	BLUE SHIELD		KAISER		CITY PLAN	
	CCD Pays	Employee Pays	CCD Pays	Employee Pays	CCD Pays	Employee Pays
Employee Only						
SFCCD Employees						
Board of Trustees Board Members	238.19	28.26	230.99	1.19	238.19	165.95
Employee + 1 Dependent						
SFCCD Employees						
Board of Trustees Board Members	380.19	152.19	357.63	106.22	380.19	407.12
Employee + 2 or More Dependents						
SFCCD Employees						
Board of Trustees Board Members	415.19	337.91	380.18	275.94	415.19	690.14

The rates above apply to all eligible enrollees of SFCCD. Deductions are taken from the first two paychecks of each month.

The medical plan rates published in this Benefits Guide are subject to the approval of the San Francisco Board of Supervisors

The rates that appear here may be subject to change by SFCCD due to ongoing labor negotiations. Contact SFCCD for additional information.