2025-PT UPM MOU CBA

Part-Time Faculty	Renewal Rates Effective 10/01/2025 (monthly)		
	Total	District	Employee
	Premium	Contribution	Contribution
Kaiser Permanente Traditional Plan			
Employee	\$1,297.00	\$1,212.70	\$84.31
Employee + 1	\$2,538.00	\$2,347.65	\$190.35
Family	\$3,572.00	\$3,125.50	\$446.50
Kaiser Permanente Deductible Plan			
Employee	\$1,156.00	\$1,121.32	\$34.68
Employee + 1	\$2,262.00	\$2,160.21	\$101.79
Family	\$3,183.00	\$2,912.45	\$270.56
Blue Shield - 100% Plan A			
Employee	\$1,684.00	\$1,574.54	\$109.46
Employee + 1	\$3,316.00	\$2,802.02	\$513.98
Family	\$4,679.00	\$3,485.86	\$1,193.15
Blue Shield - 80% Plan K			
Employee	\$1,265.00	\$1,208.08	\$56.93
Employee + 1	\$2,486.00	\$2,299.55	\$186.45
Family	\$3,504.00	\$3,066.00	\$438.00