

2025 Management Employee Rates

Medical

Plan/Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate	Annual Employer Contribution to HRA
Blue Shield Trio HMO					
Employee Only	\$685.00	\$616.50	\$68.50	\$31.62	
Employee + Child(ren)	\$1,367.00	\$1,175.74	\$191.26	\$88.27	
Employee + Spouse/RDP*	\$1,505.00	\$1,288.90	\$216.10	\$99.74	
Family	\$2,051.00	\$1,736.62	\$314.38	\$145.10	
Kaiser HMO					
Employee Only	\$696.00	\$619.44	\$76.56	\$35.34	
Employee + Child(ren)	\$1,390.00	\$1,174.64	\$215.36	\$99.40	
Employee + Spouse/RDP*	\$1,530.00	\$1,286.64	\$243.36	\$112.32	
Family	\$2,086.00	\$1,731.44	\$354.56	\$163.64	
Blue Shield HMO					
Employee Only	\$778.00	\$700.20	\$77.80	\$35.91	
Employee + Child(ren)	\$1,559.00	\$1,340.62	\$218.38	\$100.79	
Employee + Spouse/RDP*	\$1,714.00	\$1,467.72	\$246.28	\$113.67	
Family	\$2,336.00	\$1,977.76	\$358.24	\$165.34	
Blue Shield PPO					
Employee Only	\$926.33	\$833.70	\$92.63	\$42.75	\$1,000.00
Employee + Child(ren)	\$1,853.67	\$1,594.11	\$259.56	\$119.80	\$2,000.00
Employee + Spouse/RDP*	\$2,021.67	\$1,731.87	\$289.80	\$133.75	\$2,000.00
Family	\$2,779.00	\$2,352.89	\$426.11	\$196.67	\$3,000.00
Opt-Out Stipend				\$115.38 (\$250 Monthly)	

Dental

Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate	
Employee Only	\$43.82	\$35.06	\$8.76	\$4.04	
Employee + Child(ren)	\$95.54	\$68.67	\$26.87	\$12.40	
Employee + Spouse/RDP*	\$87.59	\$63.51	\$24.08	\$11.11	
Family	\$148.92	\$103.37	\$45.55	\$21.02	

Vision

Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate	
Employee Only	\$6.34	\$3.81	\$2.53	\$1.17	
Employee + One	\$11.87	\$6.57	\$5.30	\$2.45	
Family	\$16.94	\$9.10	\$7.84	\$3.62	

*Registered Domestic Partner (RDP)