

# 2025 ATU 1309 Employee Rates

<b>Medical</b>					
Plan/Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate	Annual Employer Contribution to HRA
<b>Blue Shield Trio HMO</b>					
Employee Only	\$893.00	\$757.66	\$135.34	<b>\$62.46</b>	
Employee + Child(ren)	\$1,756.00	\$1,439.26	\$316.74	<b>\$146.19</b>	
Employee + Spouse/RDP*	\$1,930.00	\$1,576.06	\$353.94	<b>\$163.36</b>	
Family	\$2,612.00	\$2,114.46	\$497.54	<b>\$229.63</b>	
<b>Kaiser HMO</b>					
Employee Only	\$881.00	\$757.66	\$123.34	<b>\$56.93</b>	
Employee + Child(ren)	\$1,733.00	\$1,439.26	\$293.74	<b>\$135.57</b>	
Employee + Spouse/RDP*	\$1,904.00	\$1,576.06	\$327.94	<b>\$151.36</b>	
Family	\$2,577.00	\$2,114.46	\$462.54	<b>\$213.48</b>	
<b>Blue Shield HMO</b>					
Employee Only	\$1,014.00	\$757.66	\$256.34	<b>\$118.31</b>	
Employee + Child(ren)	\$1,995.00	\$1,439.26	\$555.74	<b>\$256.50</b>	
Employee + Spouse/RDP*	\$2,192.00	\$1,576.06	\$615.94	<b>\$284.28</b>	
Family	\$2,966.00	\$2,114.46	\$851.54	<b>\$393.02</b>	
<b>Blue Shield PPO</b>					
Employee Only	\$1,182.33	\$757.66	\$424.67	<b>\$196.00</b>	\$1,000.00
Employee + Child(ren)	\$2,328.67	\$1,439.26	\$889.41	<b>\$410.50</b>	\$2,000.00
Employee + Spouse/RDP*	\$2,541.67	\$1,576.06	\$965.61	<b>\$445.67</b>	\$2,000.00
Family	\$3,464.00	\$2,114.46	\$1,349.54	<b>\$622.86</b>	\$3,000.00
<b>Opt-Out Stipend</b>				<b>\$115.38</b> <b>(\$250 Monthly)</b>	

<b>Low Dental PPO (\$1,000 Max Annual Benefit)</b>				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$29.25	\$23.40	\$5.85	<b>\$2.70</b>
Employee + Child(ren)	\$63.60	\$45.73	\$17.87	<b>\$8.25</b>
Employee + Spouse/RDP*	\$58.23	\$42.24	\$15.99	<b>\$7.38</b>
Family	\$98.95	\$68.71	\$30.24	<b>\$13.96</b>

<b>High Dental PPO (\$2,500 Max Annual Benefit)</b>				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$43.82	\$23.40	\$20.42	<b>\$9.42</b>
Employee + Child(ren)	\$95.54	\$45.73	\$49.81	<b>\$22.99</b>
Employee + Spouse/RDP*	\$87.59	\$42.24	\$45.35	<b>\$20.93</b>
Family	\$148.92	\$68.71	\$80.21	<b>\$37.02</b>

<b>Vision</b>				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$4.74	\$2.84	\$1.90	<b>\$0.88</b>
Employee + One Dependent	\$8.90	\$4.92	\$3.98	<b>\$1.84</b>
Family	\$12.68	\$6.81	\$5.87	<b>\$2.71</b>

\* Registered Domestic Partner (RDP)