

2025 ATU 1309 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	\$893.00	\$513.01	\$379.99	\$175.38	
Employee + Child(ren)	\$1,756.00	\$964.22	\$791.78	\$365.44	
Employee + Spouse/RDP*	\$1,930.00	\$964.22	\$965.78	\$445.74	
Family	\$2,612.00	\$1,501.97	\$1,110.03	\$512.32	
Kaiser HMO					
Employee Only	\$881.00	\$513.01	\$367.99	\$169.84	
Employee + Child(ren)	\$1,733.00	\$964.22	\$768.78	\$354.82	
Employee + Spouse/RDP*	\$1,904.00	\$964.22	\$939.78	\$433.74	
Family	\$2,577.00	\$1,501.97	\$1,075.03	\$496.17	
Blue Shield HMO					
Employee Only	\$1,014.00	\$513.01	\$500.99	\$231.23	
Employee + Child(ren)	\$1,995.00	\$964.22	\$1,030.78	\$475.74	
Employee + Spouse/RDP*	\$2,192.00	\$964.22	\$1,227.78	\$566.67	
Family	\$2,966.00	\$1,501.97	\$1,464.03	\$675.71	
Blue Shield PPO					
Employee Only	\$1,182.33	\$513.01	\$669.32	\$308.92	\$1,000.00
Employee + Child(ren)	\$2,328.67	\$964.22	\$1,364.45	\$629.75	\$2,000.00
Employee + Spouse/RDP*	\$2,541.67	\$964.22	\$1,577.45	\$728.05	\$2,000.00
Family	\$3,464.00	\$1,501.97	\$1,962.03	\$905.55	\$3,000.00
Opt-Out Stipend				\$115.38 (\$250 Monthly)	

Low Dental PPO (\$1,000 Max Annual Benefit)				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$29.25	\$9.13	\$20.12	\$9.29
Employee + Child(ren)	\$63.60	\$12.94	\$50.66	\$23.38
Employee + Spouse/RDP*	\$58.23	\$12.94	\$45.29	\$20.90
Family	\$98.95	\$21.06	\$77.89	\$35.95

High Dental PPO (\$2,500 Max Annual Benefit)				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$43.82	\$21.29	\$22.53	\$10.40
Employee + Child(ren)	\$95.54	\$30.92	\$64.62	\$29.82
Employee + Spouse/RDP*	\$87.59	\$30.92	\$56.67	\$26.16
Family	\$148.92	\$47.69	\$101.23	\$46.72

Vision				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$4.74	\$1.65	\$3.09	\$1.43
Employee + One Dependent	\$8.90	\$3.31	\$5.59	\$2.58
Family	\$12.68	\$5.33	\$7.35	\$3.39

* Registered Domestic Partner (RDP)