

2025 Code Compliance (TEOA Union)

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	\$548.08	\$136.92	\$63.19	
Employee + Child(ren)	\$1,367.00	\$1,045.20	\$321.80	\$148.52	
Employee + Spouse/RDP*	\$1,505.00	\$954.72	\$550.28	\$253.98	
Family	\$2,051.00	\$1,407.12	\$643.88	\$297.18	
Kaiser HMO					
Employee Only	\$696.00	\$548.08	\$147.92	\$68.27	
Employee + Child(ren)	\$1,390.00	\$1,045.20	\$344.80	\$159.14	
Employee + Spouse/RDP*	\$1,530.00	\$954.72	\$575.28	\$265.51	
Family	\$2,086.00	\$1,407.12	\$678.88	\$313.33	
Blue Shield HMO					
Employee Only	\$778.00	\$548.08	\$229.92	\$106.12	
Employee + Child(ren)	\$1,559.00	\$1,045.20	\$513.80	\$237.14	
Employee + Spouse/RDP*	\$1,714.00	\$954.72	\$759.28	\$350.44	
Family	\$2,336.00	\$1,407.12	\$928.88	\$428.71	
Blue Shield PPO					
Employee Only	\$926.33	\$548.08	\$378.25	\$174.58	\$1,000.00
Employee + Child(ren)	\$1,853.67	\$1,045.20	\$808.47	\$373.14	\$2,000.00
Employee + Spouse/RDP*	\$2,021.67	\$954.72	\$1,066.95	\$492.44	\$2,000.00
Family	\$2,779.00	\$1,407.12	\$1,371.88	\$633.18	\$3,000.00

Dental				
(\$1,000 Max Annual Benefit)				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$29.25	\$10.12	\$19.13	\$8.83
Employee + Child(ren)	\$63.60	\$18.00	\$45.60	\$21.05
Employee + Spouse/RDP*	\$58.23	\$18.00	\$40.23	\$18.57
Family	\$98.95	\$18.00	\$80.95	\$37.36

Vision				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$4.74	\$1.99	\$2.75	\$1.27
Employee + One Dependent	\$8.90	\$3.09	\$5.81	\$2.68
Family	\$12.68	\$4.41	\$8.27	\$3.82

* Registered Domestic Partner (RDP)