

2024 SDTI Part-Time Employees

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	\$650.00	\$353.00	\$297.00	\$137.08	
Employee + Child(ren)	\$1,297.00	\$729.53	\$567.47	\$261.91	
Employee + Spouse/RDP*	\$1,428.00	\$666.77	\$761.23	\$351.34	
Family	\$1,946.00	\$980.54	\$965.46	\$445.60	
Kaiser HMO					
Employee Only	\$644.00	\$353.00	\$291.00	\$134.31	
Employee + Child(ren)	\$1,287.00	\$729.53	\$557.47	\$257.29	
Employee + Spouse/RDP*	\$1,417.00	\$666.77	\$750.23	\$346.26	
Family	\$1,931.00	\$980.54	\$950.46	\$438.67	
Blue Shield HMO					
Employee Only	\$738.00	\$353.00	\$385.00	\$177.69	
Employee + Child(ren)	\$1,479.00	\$729.53	\$749.47	\$345.91	
Employee + Spouse/RDP*	\$1,626.00	\$666.77	\$959.23	\$442.72	
Family	\$2,217.00	\$980.54	\$1,236.46	\$570.67	
Blue Shield PPO					
Employee Only	\$883.33	\$353.00	\$530.33	\$244.77	\$1,000.00
Employee + Child(ren)	\$1,767.67	\$729.53	\$1,038.14	\$479.14	\$2,000.00
Employee + Spouse/RDP*	\$1,926.67	\$666.77	\$1,259.90	\$581.49	\$2,000.00
Family	\$2,650.00	\$980.54	\$1,669.46	\$770.52	\$3,000.00

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	\$27.17	\$14.75	\$12.42	\$5.73
Employee + Child(ren)	\$59.07	\$14.75	\$44.32	\$20.46
Employee + Spouse/RDP*	\$54.08	\$14.75	\$39.33	\$18.15
Family	\$91.90	\$14.75	\$77.15	\$35.61

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	\$42.11	\$14.75	\$27.36	\$12.63
Employee + Child(ren)	\$91.81	\$14.75	\$77.06	\$35.57
Employee + Spouse/RDP*	\$84.17	\$14.75	\$69.42	\$32.04
Family	\$143.11	\$14.75	\$128.36	\$59.24

Vision				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$4.74	\$1.43	\$3.31	\$1.53
Employee + One Dependent	\$8.90	\$2.23	\$6.67	\$3.08
Family	\$12.68	\$3.18	\$9.50	\$4.38

* Registered Domestic Partner (RDP)