

2025 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	\$685.00	\$438.48	\$246.52	\$113.78	
Employee + Child(ren)	\$1,367.00	\$828.86	\$538.14	\$248.37	
Employee + Spouse/RDP*	\$1,505.00	\$907.61	\$597.39	\$275.72	
Family	\$2,051.00	\$1,220.36	\$830.64	\$383.37	
Kaiser HMO					
Employee Only	\$696.00	\$438.48	\$257.52	\$118.86	
Employee + Child(ren)	\$1,390.00	\$828.86	\$561.14	\$258.99	
Employee + Spouse/RDP*	\$1,530.00	\$907.61	\$622.39	\$287.26	
Family	\$2,086.00	\$1,220.36	\$865.64	\$399.53	
Blue Shield HMO					
Employee Only	\$778.00	\$438.48	\$339.52	\$156.70	
Employee + Child(ren)	\$1,559.00	\$828.86	\$730.14	\$336.99	
Employee + Spouse/RDP*	\$1,714.00	\$907.61	\$806.39	\$372.18	
Family	\$2,336.00	\$1,220.36	\$1,115.64	\$514.91	
Blue Shield PPO					
Employee Only	\$926.33	\$438.48	\$487.85	\$225.16	\$1,000.00
Employee + Child(ren)	\$1,853.67	\$828.86	\$1,024.81	\$472.99	\$2,000.00
Employee + Spouse/RDP*	\$2,021.67	\$907.61	\$1,114.06	\$514.18	\$2,000.00
Family	\$2,779.00	\$1,220.36	\$1,558.64	\$719.37	\$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	\$29.25	\$23.40	\$5.85	\$2.70
Employee + Child(ren)	\$63.60	\$23.40	\$40.20	\$18.55
Employee + Spouse/RDP*	\$58.23	\$23.40	\$34.83	\$16.08
Family	\$98.95	\$23.40	\$75.55	\$34.87

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	\$23.40	\$20.42	\$9.42
Employee + Child(ren)	\$95.54	\$23.40	\$72.14	\$33.30
Employee + Spouse/RDP*	\$87.59	\$23.40	\$64.19	\$29.63
Family	\$148.92	\$23.40	\$125.52	\$57.93

Vision				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$4.74	\$2.24	\$2.50	\$1.15
Employee + One Dependent	\$8.90	\$3.50	\$5.40	\$2.49
Family	\$12.68	\$4.37	\$8.31	\$3.84

* Registered Domestic Partner (RDP)