

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	\$353.00	\$332.00	\$153.23	
Employee + Child(ren)	\$1,367.00	\$729.53	\$637.47	\$294.22	
Employee + Spouse/RDP*	\$1,505.00	\$666.77	\$838.23	\$386.88	
Family	\$2,051.00	\$980.54	\$1,070.46	\$494.06	
Kaiser HMO					
Employee Only	\$696.00	\$353.00	\$343.00	\$158.31	
Employee + Child(ren)	\$1,390.00	\$729.53	\$660.47	\$304.83	
Employee + Spouse/RDP*	\$1,530.00	\$666.77	\$863.23	\$398.41	
Family	\$2,086.00	\$980.54	\$1,105.46	\$510.21	
Blue Shield HMO					
Employee Only	\$778.00	\$353.00	\$425.00	\$196.15	
Employee + Child(ren)	\$1,559.00	\$729.53	\$829.47	\$382.83	
Employee + Spouse/RDP*	\$1,714.00	\$666.77	\$1,047.23	\$483.34	
Family	\$2,336.00	\$980.54	\$1,355.46	\$625.60	
Blue Shield PPO					
Employee Only	\$926.33	\$353.00	\$573.33	\$264.61	\$1,000.00
Employee + Child(ren)	\$1,853.67	\$729.53	\$1,124.14	\$518.83	\$2,000.00
Employee + Spouse/RDP*	\$2,021.67	\$666.77	\$1,354.90	\$625.34	\$2,000.00
Family	\$2,779.00	\$980.54	\$1,798.46	\$830.06	\$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	\$14.75	\$14.50	\$6.69
Employee + Child(ren)	\$63.60	\$14.75	\$48.85	\$22.55
Employee + Spouse/RDP*	\$58.23	\$14.75	\$43.48	\$20.07
Family	\$98.95	\$14.75	\$84.20	\$38.86

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	\$14.75	\$29.07	\$13.42
Employee + Child(ren)	\$95.54	\$14.75	\$80.79	\$37.29
Employee + Spouse/RDP*	\$87.59	\$14.75	\$72.84	\$33.62
Family	\$148.92	\$14.75	\$134.17	\$61.92

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)