

2025 Saint Mary's College Benefit Rates

Kaiser	Kaiser HMO							Dental	Guardian Dental PPO					
	Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)	Monthly Premium		College Share	Employee Share Per Month	Employee Share (Per Pay Period)			
	Employee	\$ 989.24	\$ 809.67	\$0.00	\$ 809.67	179.57	89.78		Employee	\$ 59.32	\$ 59.32	\$ -	\$ -	
	Employee + Spouse	\$ 2,077.42	\$ 1,386.08	\$0.00	\$ 1,386.08	691.34	345.67		Employee + Spouse	\$ 102.68	\$ 69.66	\$ 33.02	\$ 16.51	
	Employee + Child(ren)	\$ 1,879.58	\$ 1,254.08	\$0.00	\$ 1,254.08	625.50	312.75		Employee + Child(ren)	\$ 122.16	\$ 83.36	\$ 38.80	\$ 19.40	
Employee + Family	\$ 3,066.78	\$ 2,046.20	\$0.00	\$ 2,046.20	1,020.58	510.29	Employee + Family	\$ 181.70	\$ 123.51	\$ 58.19	\$ 29.10			
Kaiser	Kaiser HRA							Dental	Guardian Dental HMO					
	Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)	Monthly Premium		College Share	Employee Share Per Month	Employee Share (Per Pay Period)			
	Employee	\$ 610.76	\$ 538.74	\$375.00	\$ 913.74	\$ 72.02	\$ 36.01		Employee	\$ 18.86	\$ 18.86	\$ -	\$ -	
	Employee + Spouse	\$ 1,282.60	\$ 856.38	\$750.00	\$ 1,606.38	\$ 426.22	\$ 213.11		Employee + Spouse	\$ 34.94	\$ 24.24	\$ 10.70	\$ 5.35	
	Employee + Child(ren)	\$ 1,160.44	\$ 774.81	\$750.00	\$ 1,524.81	\$ 385.63	\$ 192.82		Employee + Child(ren)	\$ 35.20	\$ 24.42	\$ 10.78	\$ 5.39	
Employee + Family	\$ 1,893.44	\$ 1,264.24	\$750.00	\$ 2,014.24	\$ 629.20	\$ 314.60	Employee + Family	\$ 50.72	\$ 35.19	\$ 15.53	\$ 7.77			
Blue Shield	Blue Shield Trio HMO							Vision	Guardian Vision					
	Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)	Monthly Premium		College Share	Employee Share Per Month	Employee Share (Per Pay Period)			
	Employee	\$1,062.52	\$892.52	\$0.00	\$892.52	\$ 170.00	\$ 85.00		Employee	\$ 7.26	\$ 7.26	\$ -	\$ -	
	Employee + Spouse	\$2,231.30	\$1,561.91	\$0.00	\$1,561.91	\$ 669.39	\$ 334.70		Employee + Spouse	\$ 12.34	\$ 8.46	\$ 3.88	\$ 1.94	
	Employee + Child(ren)	\$2,018.80	\$1,413.16	\$0.00	\$1,413.16	\$ 605.64	\$ 302.82		Employee + Child(ren)	\$ 12.34	\$ 8.46	\$ 3.88	\$ 1.94	
	Employee + Family	\$3,283.32	\$2,298.32	\$0.00	\$2,298.32	\$ 985.00	\$ 492.50	Employee + Family	\$ 21.12	\$ 14.48	\$ 6.64	\$ 3.32		
	Blue Shield	Blue Shield HRA							Vision					
		Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)							
		Employee	\$ 1,230.56	\$ 1,039.93	\$183.33	\$ 1,223.26	\$ 190.63	\$ 95.32						
Employee + Spouse		\$ 2,584.20	\$ 1,821.09	\$366.67	\$ 2,187.76	\$ 763.11	\$ 381.56							
Employee + Child(ren)	\$ 2,338.08	\$ 1,647.65	\$366.67	\$ 2,014.32	\$ 690.43	\$ 345.22								
Employee + Family	\$ 3,814.90	\$ 2,688.37	\$366.67	\$ 3,055.04	\$ 1,126.53	\$ 563.27								

*Employees are paid biweekly or 26x per year. Benefit Deductions occur 24x per year or semi-monthly.