2025 Saint Mary's College Benefit Rates

	Kaiser HMO	Monthly Premium	College [·] Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)	Dental	Guardian Dental PPO	Monthly Premium	College Share	Employee Share Per Month	Share (Per Pay Period
	Employee	\$*****989.24	\$****809.67	\$0.00	\$****809.67	179.57	89.78		Employee	\$ "59.32	\$"59.32	\$	\$****29.10
ser	Kaiser HRA	Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month							
Kai							Employee Share (Per Pay Period)		Guardian Dental HMO	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	\$7.7
	Blue Shield Trio HMO	Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)	Vision	Guardian Vision	Monthly Premium	College Share	Employee Share Per Month	Employee Share (Per Pay Period
p	Employee	\$1,062.52	\$892.52	\$0.00	\$892.52	\$****170.00	\$ 85.00		Employee	\$7.26	\$7.26	\$	\$
0	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
ij	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
<u>_</u>	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
s en	Blue Shield HRA	Monthly Premium	College [·] Share	College Contribution to HRA	Cost	Employee Share Per Month	Employee Share (Per Pay Period)						
B	Employee [*]	\$***1,230.56		\$183.33		\$****190.63							
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\$"3,055.04 \$"1,126.53 **\$""563.27**

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\$***2,584.20 \$**1,821.09

\$***2,338.08 | \$**1,647.65

\$***3,814.90 \$**2,688.37

Employee + Spouse Employee + Child(ren)

Employee + Family

\$366.67

\$366.67

\$366.67

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