

2025 SDTI Full-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	\$584.64	\$100.36	\$46.32	
Employee + Child(ren)	\$1,367.00	\$1,105.14	\$261.86	\$120.86	
Employee + Spouse/RDP*	\$1,505.00	\$1,210.14	\$294.86	\$136.09	
Family	\$2,051.00	\$1,627.14	\$423.86	\$195.63	
Kaiser HMO					
Employee Only	\$696.00	\$584.64	\$111.36	\$51.40	
Employee + Child(ren)	\$1,390.00	\$1,105.14	\$284.86	\$131.47	
Employee + Spouse/RDP*	\$1,530.00	\$1,210.14	\$319.86	\$147.63	
Family	\$2,086.00	\$1,627.14	\$458.86	\$211.78	
Blue Shield HMO					
Employee Only	\$778.00	\$584.64	\$193.36	\$89.24	
Employee + Child(ren)	\$1,559.00	\$1,105.14	\$453.86	\$209.47	
Employee + Spouse/RDP*	\$1,714.00	\$1,210.14	\$503.86	\$232.55	
Family	\$2,336.00	\$1,627.14	\$708.86	\$327.17	
Blue Shield PPO					
Employee Only	\$926.33	\$584.64	\$341.69	\$157.70	\$1,000.00
Employee + Child(ren)	\$1,853.67	\$1,105.14	\$748.53	\$345.48	\$2,000.00
Employee + Spouse/RDP*	\$2,021.67	\$1,210.14	\$811.53	\$374.55	\$2,000.00
Family	\$2,779.00	\$1,627.14	\$1,151.86	\$531.63	\$3,000.00
Opt-Out Stipend				\$115.38 (\$250 Monthly)	

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	\$45.73	\$17.87	\$8.25
Employee + Spouse/RDP*	\$58.23	\$42.24	\$15.99	\$7.38
Family	\$98.95	\$68.71	\$30.24	\$13.96

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	\$45.73	\$49.81	\$22.99
Employee + Spouse/RDP*	\$87.59	\$42.24	\$45.35	\$20.93
Family	\$148.92	\$68.71	\$80.21	\$37.02

Vision				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Employee Only	\$4.74	\$2.99	\$1.75	\$0.81
Employee + One Dependent	\$8.90	\$4.67	\$4.23	\$1.95
Family	\$12.68	\$5.82	\$6.86	\$3.17

* Registered Domestic Partner (RDP)