

2025 IBEW 465 Employee Rates

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	\$637.65	\$47.35	\$21.85	
Employee + Child(ren)	\$1,367.00	\$1,244.52	\$122.48	\$56.53	
Employee + Spouse/RDP**	\$1,505.00	\$1,377.15	\$127.85	\$59.01	
Family	\$2,051.00	\$1,886.77	\$164.23	\$75.80	
Kaiser HMO					
Employee Only	\$696.00	\$648.65	\$47.35	\$21.85	
Employee + Child(ren)	\$1,390.00	\$1,267.52	\$122.48	\$56.53	
Employee + Spouse/RDP**	\$1,530.00	\$1,402.15	\$127.85	\$59.01	
Family	\$2,086.00	\$1,921.77	\$164.23	\$75.80	
Blue Shield HMO					
Employee Only	\$778.00	\$637.65	\$140.35	\$64.78	
Employee + Child(ren)	\$1,559.00	\$1,244.54	\$314.46	\$145.14	
Employee + Spouse/RDP**	\$1,714.00	\$1,377.15	\$336.85	\$155.47	
Family	\$2,336.00	\$1,886.77	\$449.23	\$207.34	
Blue Shield PPO					
Employee Only	\$926.33	\$637.65	\$288.68	\$133.24	\$1,000.00
Employee + Child(ren)	\$1,853.67	\$1,244.52	\$609.15	\$281.15	\$2,000.00
Employee + Spouse/RDP**	\$2,021.67	\$1,377.15	\$644.52	\$297.47	\$2,000.00
Family	\$2,779.00	\$1,886.77	\$892.23	\$411.80	\$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	\$8.39	\$20.86	\$9.63
Employee + Child(ren)	\$63.60	\$12.25	\$51.35	\$23.70
Employee + Spouse/RDP**	\$58.23	\$12.25	\$45.98	\$21.22
Family	\$98.95	\$19.86	\$79.09	\$36.50

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	\$23.48	\$20.34	\$9.39
Employee + Child(ren)	\$95.54	\$34.05	\$61.49	\$28.38
Employee + Spouse/RDP**	\$87.59	\$34.05	\$53.54	\$24.71
Family	\$148.92	\$52.88	\$96.04	\$44.33

Vision				
Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate*
Employee Only	\$4.74	\$1.45	\$3.29	\$1.52
Employee + One Dependent	\$8.90	\$2.90	\$6.00	\$2.77
Family	\$12.68	\$4.67	\$8.01	\$3.70

* Union negotiated caps are applied.

** Registered Domestic Partner (RDP)