

Rates Effective 10/01/2025

	50% FTE	60% FTE	75% FTE	80% FTE	81.25% FTE	100% FTE
	4 hours a day or 20 hours a week	4.8 hours a day or 24 hours a week	6 hours a day or 30 hours a week	6.4 hours per day or 32 hours a week	6.5 hours a day or 32.5 hours a week	8 hours a day or 40 hours a week
	Employee 10thly Cost	Employee 10thly Cost	Employee 10thly Cost	Employee 10thly Cost	Employee 10thly Cost	Employee 10thly Cost
Blue Shield PPO						
Employee Only	\$550.80	\$440.64	\$275.40	\$220.32	\$206.55	\$0.00
Employee + One Dependent	\$1,249.80	\$1,069.92	\$800.10	\$710.16	\$687.68	\$350.40
Employee + Family (2 or more Dependents)	\$1,864.20	\$1,633.68	\$1,287.90	\$1,172.64	\$1,143.83	\$711.60
Blue Shield PPO HSA						
Employee Only	\$426.70	\$341.36	\$213.35	\$170.68	\$160.01	\$0.00
Employee + One Dependent	\$828.28	\$662.62	\$414.14	\$331.31	\$310.60	\$0.00
Employee + Family (2 or more Dependents)	\$1,150.67	\$920.54	\$575.34	\$460.27	\$431.50	\$0.00
Blue Shield HMO 10						
Employee Only	\$549.00	\$439.20	\$274.50	\$219.60	\$205.88	\$0.00
Employee + One Dependent	\$1,242.60	\$1,062.72	\$792.90	\$702.96	\$680.48	\$343.20
Employee + Family (2 or more Dependents)	\$1,853.40	\$1,622.88	\$1,277.10	\$1,161.84	\$1,133.03	\$700.80
Blue Shield HMO 30						
Employee Only	\$505.80	\$404.64	\$252.90	\$202.32	\$189.68	\$0.00
Employee + One Dependent	\$1,069.80	\$889.92	\$620.10	\$530.16	\$507.68	\$170.40
Employee + Family (2 or more Dependents)	\$1,607.40	\$1,376.88	\$1,031.10	\$915.84	\$887.03	\$454.80
Blue Shield HMO TRIO						
Employee Only	\$463.80	\$371.04	\$231.90	\$185.52	\$173.93	\$0.00
Employee + One Dependent	\$899.40	\$719.52	\$449.70	\$359.76	\$337.28	\$2.40
Employee + Family (2 or more Dependents)	\$1,368.60	\$1,138.08	\$792.30	\$677.04	\$648.23	\$216.00
Kaiser 15						
Employee Only	\$490.20	\$392.16	\$245.10	\$196.08	\$183.83	\$0.00
Employee + One Dependent	\$1,003.80	\$823.92	\$554.10	\$464.16	\$441.68	\$104.40
Employee + Family (2 or more Dependents)	\$1,518.60	\$1,288.08	\$942.30	\$827.04	\$798.23	\$366.00
Kaiser 30						
Employee Only	\$478.80	\$383.04	\$239.40	\$191.52	\$179.55	\$0.00
Employee + One Dependent	\$899.40	\$719.52	\$449.70	\$359.76	\$337.28	\$60.00
Employee + Family (2 or more Dependents)	\$1,456.20	\$1,225.68	\$879.90	\$764.64	\$735.83	\$303.60
SISC Proactive Care Plan Gold						
Employee Only	\$535.20	\$428.16	\$267.60	\$214.08	\$200.70	\$0.00
Employee + One Dependent	\$899.40	\$719.52	\$449.70	\$359.76	\$337.28	\$280.80
Employee + Family (2 or more Dependents)	\$1,759.80	\$1,529.28	\$1,183.50	\$1,068.24	\$1,039.43	\$607.20

Please note not all FTE/hours per week are reflected. For more information please see complete rate sheet table. Please contact Benefits if you have any questions

Rates above are only for medical. Dental and Vision coverage may be added (may increase employee 10thly cost) Please see Complete Rate Table for costs