

Rates Effective 10/01/2025

Blue Shield PPO
Employee Only
Employee + One Dependent
Employee + Family (2 or more Dependents)
Blue Shield PPO HSA
Employee Only
Employee + One Dependent
Employee + Family (2 or more Dependents)
Blue Shield HMO 10
Employee Only
Employee + One Dependent
Employee + Family (2 or more Dependents)
Blue Shield HMO 30
Employee Only
Employee + One Dependent
Employee + Family (2 or more Dependents)
Blue Shield HMO TRIO
Employee Only
Employee + One Dependent
Employee + Family (2 or more Dependents)
Kaiser 15
Employee Only
Employee + One Dependent
Employee + Family (2 or more Dependents)
Kaiser 30
Employee Only
Employee + One Dependent
Employee + Family (2 or more Dependents)
SISC Proactive Care Plan Gold
Employee Only
Employee + One Dependent
Employee + Family (2 or more Dependents)

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
\$550.80	\$440.64	\$275.40	\$220.32	\$206.55	\$0.00
\$1,249.80	\$1,069.92	\$800.10	\$710.16	\$687.68	\$350.40
\$1,864.20	\$1,633.68	\$1,287.90	\$1,172.64	\$1,143.83	\$711.60
\$426.70	\$341.36	\$213.35	\$170.68	\$160.01	\$0.00
\$828.28	\$662.62	\$414.14	\$331.31	\$310.60	\$0.00
\$1,150.67	\$920.54	\$575.34	\$460.27	\$431.50	\$0.00
\$549.00	\$439.20	\$274.50	\$219.60	\$205.88	\$0.00
\$1,242.60	\$1,062.72	\$792.90	\$702.96	\$680.48	\$343.20
\$1,853.40	\$1,622.88	\$1,277.10	\$1,161.84	\$1,133.03	\$700.80
\$505.80	\$404.64	\$252.90	\$202.32	\$189.68	\$0.00
\$1,069.80	\$889.92	\$620.10	\$530.16	\$507.68	\$170.40
\$1,607.40	\$1,376.88	\$1,031.10	\$915.84	\$887.03	\$454.80
\$463.80	\$371.04	\$231.90	\$185.52	\$173.93	\$0.00
\$899.40	\$719.52	\$449.70	\$359.76	\$337.28	\$2.40
\$1,368.60	\$1,138.08	\$792.30	\$677.04	\$648.23	\$216.00
\$490.20	\$392.16	\$245.10	\$196.08	\$183.83	\$0.00
\$1,003.80	\$823.92	\$554.10	\$464.16	\$441.68	\$104.40
\$1,518.60	\$1,288.08	\$942.30	\$827.04	\$798.23	\$366.00
\$478.80	\$383.04	\$239.40	\$191.52	\$179.55	\$0.00
\$899.40	\$719.52	\$449.70	\$359.76	\$337.28	\$60.00
\$1,456.20	\$1,225.68	\$879.90	\$764.64	\$735.83	\$303.60
\$535.20	\$428.16	\$267.60	\$214.08	\$200.70	\$0.00
\$899.40	\$719.52	\$449.70	\$359.76	\$337.28	\$280.80
\$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