

2024 Saint Mary's College Benefit Rates

Kaiser	Kaiser HMO		Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share (Per Pay Period)	Dental	Delta Dental PPO		Monthly Premium	College Share	Employee Share (Per Pay Period)
	Employee	\$ 997.60	\$ 818.03	\$ -	\$ 818.03	\$ 89.79	Employee		\$ 63.94	\$ 63.94	\$ -		
	Employee + Spouse	\$ 2,094.96	\$ 1,403.62	\$ -	\$ 1,403.62	\$ 345.67	Employee + Spouse		\$ 110.06	\$ 77.04	\$ 16.51		
	Employee + Child(ren)	\$ 1,895.44	\$ 1,269.94	\$ -	\$ 1,269.94	\$ 312.75	Employee + Child(ren)		\$ 129.34	\$ 90.54	\$ 19.40		
	Employee + Family	\$ 3,092.66	\$ 2,072.08	\$ -	\$ 2,072.08	\$ 510.29	Employee + Family		\$ 193.98	\$ 135.79	\$ 29.10		
Kaiser	Kaiser HRA		Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share (Per Pay Period)	Dental	Delta Dental HMO		Monthly Premium	College Share	Employee Share (Per Pay Period)
	Employee	\$ 654.70	\$ 582.68	\$ 291.67	\$ 874.35	\$ 36.01	Employee		\$ 19.24	\$ 19.24	\$ -		
	Employee + Spouse	\$ 1,374.90	\$ 948.68	\$ 583.33	\$ 1,532.01	\$ 213.11	Employee + Spouse		\$ 35.66	\$ 24.96	\$ 5.35		
	Employee + Child(ren)	\$ 1,243.96	\$ 858.33	\$ 583.33	\$ 1,441.66	\$ 192.82	Employee + Child(ren)		\$ 35.92	\$ 25.14	\$ 5.39		
	Employee + Family	\$ 2,029.68	\$ 1,400.48	\$ 583.33	\$ 1,983.81	\$ 314.60	Employee + Family		\$ 51.76	\$ 36.23	\$ 7.77		
Blue Shield	Blue Shield Trio HMO		Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share (Per Pay Period)	Vision	VSP Vision		Monthly Premium	College Share	Employee Share (Per Pay Period)
	Employee	\$ 958.08	\$ 804.79	\$ -	\$ 804.79	\$ 76.65	Employee		\$ 7.60	\$ 7.60	\$ -		
	Employee + Spouse	\$ 2,012.00	\$ 1,408.40	\$ -	\$ 1,408.40	\$ 301.80	Employee + Spouse		\$ 12.92	\$ 9.04	\$ 1.94		
	Employee + Child(ren)	\$ 1,820.38	\$ 1,274.27	\$ -	\$ 1,274.27	\$ 273.06	Employee + Child(ren)		\$ 12.92	\$ 9.04	\$ 1.94		
	Employee + Family	\$ 2,960.62	\$ 2,072.43	\$ -	\$ 2,072.43	\$ 444.10	Employee + Family		\$ 22.12	\$ 15.48	\$ 3.32		
	Blue Shield	Blue Shield HRA		Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share (Per Pay Period)					
		Employee	\$ 1,191.42	\$ 1,000.79	\$ 133.33	\$ 1,134.12	\$ 95.32						
		Employee + Spouse	\$ 2,502.00	\$ 1,738.89	\$ 250.00	\$ 1,988.89	\$ 381.56						
		Employee + Child(ren)	\$ 2,263.70	\$ 1,573.27	\$ 250.00	\$ 1,823.27	\$ 345.22						
Employee + Family		\$ 3,693.54	\$ 2,567.01	\$ 250.00	\$ 2,817.01	\$ 563.27							

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