



2022 Saint Mary's College - HICuP

Kaiser	Kaiser HMO	Monthly Premium		Dental	Delta Dental PPO	Monthly Premium
	Employee	768.12			Employee	65.52
	Employee + Spouse	1,613.09			Employee + Spouse	121.99
	Employee + Child(ren)	1,459.46			Employee + Child(ren)	145.55
	Employee + Family	2,381.29			Employee + Family	217.57
	Kaiser HRA	Monthly Premium	SMC Annual Contribution to HRA^		Delta Dental HMO	Monthly Premium
	Employee	693.18	2,500.00		Employee	19.62
	Employee + Spouse	1,445.04	5,000.00		Employee + Spouse	36.37
	Employee + Child(ren)	1,327.66	5,000.00		Employee + Child(ren)	36.64
	Employee + Family	2,032.03	5,000.00		Employee + Family	52.80
Blue Shield	Blue Shield Trio HMO	Monthly Premium		Vision	VSP Vision	Monthly Premium
	Employee	890.13			Employee	8.00
	Employee + Spouse	1,869.29			Employee + Spouse	13.59
	Employee + Child(ren)	1,691.26			Employee + Child(ren)	13.59
	Employee + Family	2,750.63			Employee + Family	23.26
	Blue Shield HRA	Monthly Premium	SMC Annual Contribution to HRA^	EAP	Claremont EAP	Monthly Premium
	Employee	1,164.39	1,500.00		Employee	3.94
	Employee + Spouse	2,438.84	3,000.00			
	Employee + Child(ren)	2,218.72	3,000.00			
	Employee + Family	3,539.58	3,000.00			

^Upon termination, HRA debit cards are deactivated. However members have access to the remainder of their unspent 2022 HRA funds by submitting manual claims.