

2025 Employee Cost for Coverage



Bi-weekly contributions

The medical contribution amounts below do not include the \$600 annual tobacco/nicotine use surcharge or the \$1,200 annual working spouse surcharge (if applicable).

Medical – Health screening completed (before 11/15/2024)				
	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
Anthem Consumer Choice HDHP	\$64.00	\$153.50	\$132.00	\$225.50
Anthem Exclusive Care EPO	\$113.50	\$323.00	\$250.50	\$464.50
Anthem Basic HDHP	\$33.50	\$139.00	\$120.00	\$204.50
Kaiser N. Cal HMO	\$149.00	\$433.50	\$333.00	\$640.00
Kaiser S. Cal HMO	\$130.50	\$344.50	\$270.50	\$503.50
Kaiser NW HMO	\$138.00	\$391.00	\$303.50	\$577.00
Kaiser N. Cal HD HMO	\$120.50	\$358.00	\$273.50	\$530.50
Kaiser S. Cal HD HMO	\$103.00	\$277.00	\$215.50	\$409.00
Kaiser NW HD HMO	\$106.50	\$305.00	\$233.50	\$455.50

Medical – Health screening <i>not</i> completed				
	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
Anthem Consumer Choice HDHP	\$84.00	\$173.50	\$152.00	\$245.50
Anthem Exclusive Care EPO	\$133.50	\$343.00	\$270.50	\$484.50
Anthem Basic HDHP	\$53.50	\$159.00	\$140.00	\$224.50
Kaiser N. Cal HMO	\$169.00	\$453.50	\$353.00	\$660.00
Kaiser S. Cal HMO	\$150.50	\$364.50	\$290.50	\$523.50
Kaiser NW HMO	\$158.00	\$411.00	\$323.50	\$597.00
Kaiser N. Cal HD HMO	\$140.50	\$378.00	\$293.50	\$550.50
Kaiser S. Cal HD HMO	\$123.00	\$297.00	\$235.50	\$429.00
Kaiser NW HD HMO	\$126.50	\$325.00	\$253.50	\$475.50

Dental				
	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
Aetna DHMO	\$2.50	\$5.50	\$4.00	\$9.00
Delta Dental PPO	\$6.00	\$13.50	\$12.00	\$21.00

Vision				
	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
VSP Basic	\$3.52	\$4.99	\$5.93	\$9.42
VSP Plus	\$5.90	\$8.38	\$9.94	\$15.88

Bi-weekly contributions

Your contribution will only come out of your paycheck two times per month. In months when you receive three paychecks, your contribution will not come out of your third paycheck.

Monthly contributions (after-tax)

Supplemental Life

Life Insurance (per \$1,000 of coverage)		
	For you	For your spouse/domestic partner
<20	\$0.042	\$0.050
20-24	\$0.042	\$0.050
25-29	\$0.050	\$0.060
30-34	\$0.067	\$0.080
35-39	\$0.075	\$0.090
40-44	\$0.084	\$0.100
45-49	\$0.134	\$0.160
50-54	\$0.226	\$0.270
55-59	\$0.369	\$0.440
60-64	\$0.612	\$0.730
65-69	\$1.090	\$1.300
70+	\$1.979	\$2.360
For your children		
\$5,000		\$0.62
\$10,000		\$1.25

AD&D

AD&D (per \$1,000 of coverage)	
Employee only	\$0.020
Family (includes you, your spouse or domestic partner and your children)	\$0.025

Long-Term Disability

Long-Term Disability	
Benefit coverage – employee only Buy-Up LTD	Monthly rate per \$100 covered payroll
<35	\$0.188
35-44	\$0.313
45-54	\$0.421
55 or older	\$0.453