



Employee Contributions Effective 1/1/2025

Kaiser HMO Medical				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$678.78	\$678.78	\$0.00	\$0.00
Employee + Spouse	\$1493.30	\$678.77	\$814.53	\$814.53
Employee + Child (ren)	\$1357.55	\$1,357.55	\$0.00	\$0.00
Family	\$2036.32	\$1,357.55	\$678.77	\$678.77
Direct Dental - BASE Plan				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$40.98	\$40.98	\$0.00	\$0.00
Employee + Spouse	\$79.09	\$40.98	\$38.11	\$38.11
Employee + Child (ren)	\$89.74	\$89.74	\$0.00	\$0.00
Family	\$125.80	\$89.74	\$36.06	\$36.06
Direct Dental - Buy Up Plan				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$46.43	\$40.98	\$5.45	\$5.45
Employee + Spouse	\$89.61	\$40.98	\$48.63	\$48.63
Employee + Child (ren)	\$101.68	\$89.74	\$11.94	\$11.94
Family	\$142.53	\$89.74	\$52.79	\$52.79
Superior Vision				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$5.54	\$5.54	\$0.00	\$0.00
Employee + Spouse	\$11.08	\$5.54	\$5.54	\$5.54
Employee + Child (ren)	\$13.01	\$13.01	\$0.00	\$0.00
Family	\$19.95	\$13.01	\$6.94	\$6.94

\*Full monthly premiums are deducted from mid-month paycheck