

## 2025 Employee Contributions - California

Your **monthly** cost to participate in medical benefits is as follows:

UMR HRA PLAN			
	Total Premium	Employee Cost 30+ Hourse per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$971.21	\$0.00	\$485.61
Employee + One Dependent	\$1,982.36	\$1,011.15	\$1,496.76
Employee + Family	\$2,831.94	\$1,860.73	\$2,346.33

KAISER HRA PLAN			
	Total Premium	Employee Cost 30+ Hourse per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$704.15	\$0.00	\$352.08
Employee + One Dependent	\$1,408.28	\$704.13	\$1,056.21
Employee + Family	\$1,992.72	\$1,288.57	\$1,640.65

Your **monthly** cost to participate in dental benefits is as follows:

METLIFE DPPO			
	Total Premium	Employee Cost 30+ Hourse per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$56.13	\$10.00	\$28.07
Employee + One Dependent	\$127.81	\$81.68	\$99.75
Employee + Family	\$181.53	\$135.40	\$153.47

METLIFE DHMO			
	Total Premium	Employee Cost 30+ Hourse per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$14.66	\$0.00	\$7.33
Employee + One Dependent	\$27.03	\$12.37	\$19.70
Employee + Family	\$42.99	\$28.33	\$35.66

### MetLife Legal - Paid 100% by Employees

	Total Monthly Premium
Employee + Family	\$21.25

### Voluntary Vision - Paid 100% by Employees

	Total Monthly Premium
Employee Only	\$7.47
Employee + One Dependent	\$11.61
Employee + Family	\$18.42