2026 Saint Mary's College Benefit Rates

Kaiser

Kaiser HMO	Monthly Premium	SMC Share	SMC Contribution to HRA	Total SMC Cost	Employee Share Per Month	Employee Share (Per Pay Period)
Employee	$ 1,097.64	$ 898.40	$0.00	$ 898.40	199.24	99.62
Employee + Spouse	$ 2,305.06	$ 1,537.97	$0.00	$ 1,537.97	767.09	383.54
Employee + Child(ren)	$ 2,085.54	$ 1,391.50	$0.00	$ 1,391.50	694.04	347.02
Employee + Family	$ 3,402.82	$ 2,270.41	$0.00	$ 2,270.41	1,132.41	566.21

Kaiser HRA	Monthly Premium	SMC Share	SMC Contribution to HRA	Total SMC Cost	Employee Share Per Month	Employee Share (Per Pay Period)
Employee	$ 635.08	$ 560.20	$375.00	$ 935.20	$ 74.88	$ 37.44
Employee + Spouse	$ 1,333.66	$ 890.47	$750.00	$ 1,640.47	$ 443.19	$ 221.59
Employee + Child(ren)	$ 1,206.64	$ 805.66	$750.00	$ 1,555.66	$ 400.98	$ 200.49
Employee + Family	$ 1,968.80	$ 1,314.55	$750.00	$ 2,064.55	$ 654.25	$ 327.12

Blue Shield

Blue Shield Trio HMO	Monthly Premium	SMC Share	SMC Contribution to HRA	Total SMC Cost	Employee Share Per Month	Employee Share (Per Pay Period)
Employee	$1,145.08	$961.87	$0.00	$961.87	$ 183.21	$ 91.61
Employee + Spouse	$2,404.66	$1,683.26	$0.00	$1,683.26	$ 721.40	$ 360.70
Employee + Child(ren)	$2,175.62	$1,522.93	$0.00	$1,522.93	$ 652.69	$ 326.34
Employee + Family	$3,538.38	$2,476.87	$0.00	$2,476.87	$ 1,061.51	$ 530.76

Blue Shield HRA	Monthly Premium	SMC Share	SMC Contribution to HRA	Total SMC Cost	Employee Share Per Month	Employee Share (Per Pay Period)
Employee	$ 1,349.64	$ 1,140.57	$183.33	$ 1,323.90	$ 209.07	$ 104.54
Employee + Spouse	$ 2,834.26	$ 1,997.31	$366.67	$ 2,363.98	$ 836.95	$ 418.47
Employee + Child(ren)	$ 2,564.34	$ 1,807.10	$366.67	$ 2,173.77	$ 757.24	$ 378.62
Employee + Family	$ 4,184.06	$ 2,948.52	$366.67	$ 3,315.19	$ 1,235.54	$ 617.77

Dental

Guardian Dental PPO	Monthly Premium	SMC Share	Employee Share Per Month	Employee Share (Per Pay Period)
Employee	$ 59.32	$ 59.32	$ -	$ -
Employee + Spouse	$ 102.68	$ 69.66	$ 33.02	$ 16.51
Employee + Child(ren)	$ 122.16	$ 83.36	$ 38.80	$ 19.40
Employee + Family	$ 181.70	$ 123.51	$ 58.19	$ 29.10

Guardian Dental HMO	Monthly Premium	SMC Share	Employee Share Per Month	Employee Share (Per Pay Period)
Employee	$ 18.86	$ 18.86	$ -	$ -
Employee + Spouse	$ 34.94	$ 24.24	$ 10.70	$ 5.35
Employee + Child(ren)	$ 35.20	$ 24.42	$ 10.78	$ 5.39
Employee + Family	$ 50.72	$ 35.19	$ 15.53	$ 7.77

Vision

Guardian Vision	Monthly Premium	SMC Share	Employee Share Per Month	Employee Share (Per Pay Period)
Employee	$ 7.26	$ 7.26	$ -	$ -
Employee + Spouse	$ 12.34	$ 8.46	$ 3.88	$ 1.94
Employee + Child(ren)	$ 12.34	$ 8.46	$ 3.88	$ 1.94
Employee + Family	$ 21.12	$ 14.48	$ 6.64	$ 3.32

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