

2026 Saint Mary's College Benefit Rates

Kaiser	Kaiser HMO	Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)	Dental	Guardian Dental PPO	Monthly Premium	College Share	Employee Share Per Month	Employee Share (Per Pay Period)
	Employee	\$ 1,097.64	\$ 898.40	\$0.00	\$ 898.40	199.24	99.62		Employee	\$ 59.32	\$ 59.32	\$ -	\$ -
	Employee + Spouse	\$ 2,305.06	\$ 1,537.97	\$0.00	\$ 1,537.97	767.09	383.54		Employee + Spouse	\$ 102.68	\$ 69.66	\$ 33.02	\$ 16.51
	Employee + Child(ren)	\$ 2,085.54	\$ 1,391.50	\$0.00	\$ 1,391.50	694.04	347.02		Employee + Child(ren)	\$ 122.16	\$ 83.36	\$ 38.80	\$ 19.40
	Employee + Family	\$ 3,402.82	\$ 2,270.41	\$0.00	\$ 2,270.41	1,132.41	566.21		Employee + Family	\$ 181.70	\$ 123.51	\$ 58.19	\$ 29.10
	Kaiser HRA	Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)		Guardian Dental HMO	Monthly Premium	College Share	Employee Share Per Month	Employee Share (Per Pay Period)
	Employee	\$ 635.08	\$ 560.20	\$375.00	\$ 935.20	\$ 74.88	\$ 37.44		Employee	\$ 18.86	\$ 18.86	\$ -	\$ -
	Employee + Spouse	\$ 1,333.66	\$ 890.47	\$750.00	\$ 1,640.47	\$ 443.19	\$ 221.59		Employee + Spouse	\$ 34.94	\$ 24.24	\$ 10.70	\$ 5.35
	Employee + Child(ren)	\$ 1,206.64	\$ 805.66	\$750.00	\$ 1,555.66	\$ 400.98	\$ 192.82		Employee + Child(ren)	\$ 35.20	\$ 24.42	\$ 10.78	\$ 5.39
	Employee + Family	\$ 1,968.80	\$ 1,314.55	\$750.00	\$ 2,064.55	\$ 654.25	\$ 327.12		Employee + Family	\$ 50.72	\$ 35.19	\$ 15.53	\$ 7.77
Blue Shield	Blue Shield Trio HMO	Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)	Vision	Guardian Vision	Monthly Premium	College Share	Employee Share Per Month	Employee Share (Per Pay Period)
	Employee	\$1,145.08	\$961.87	\$0.00	\$961.87	\$ 183.21	\$ 91.61		Employee	\$ 7.26	\$ 7.26	\$ -	\$ -
	Employee + Spouse	\$2,404.66	\$1,683.26	\$0.00	\$1,683.26	\$ 721.40	\$ 360.70		Employee + Spouse	\$ 12.34	\$ 8.46	\$ 3.88	\$ 1.94
	Employee + Child(ren)	\$2,175.62	\$1,522.93	\$0.00	\$1,522.93	\$ 652.69	\$ 326.34		Employee + Child(ren)	\$ 12.34	\$ 8.46	\$ 3.88	\$ 1.94
	Employee + Family	\$3,538.38	\$2,476.87	\$0.00	\$2,476.87	\$ 1,061.51	\$ 530.76		Employee + Family	\$ 21.12	\$ 14.48	\$ 6.64	\$ 3.32
	Blue Shield HRA	Monthly Premium	College Share	College Contribution to HRA	Total college Cost	Employee Share Per Month	Employee Share (Per Pay Period)						
	Employee	\$ 1,349.64	\$ 1,140.57	\$183.33	\$ 1,323.90	\$ 209.07	\$ 95.32						
	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	\$ 345.22						
	Employee + Family	\$ 4,184.06	\$ 2,948.52	\$366.67	\$ 3,315.19	\$ 1,235.54	\$ 563.27						

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