

2020 Saint Mary's College

Kaiser Medical	Kaiser HMO	Monthly Premium	College Share	College Contribution to HSA [^]	TOTAL College Cost	Employee Share (Per Pay Period)
	Employee	700.50	630.45	0.00	630.45	35.03
	Employee + Spouse	1,471.06	1,029.74	0.00	1,029.74	220.66
	Employee + Child(ren)	1,330.96	931.67	0.00	931.67	199.64
	Employee + Family	2,171.64	1,520.15	0.00	1,520.15	325.75
Kaiser HSA	Kaiser HSA	Monthly Premium	College Share	College Contribution to HSA [^]	TOTAL College Cost	Employee Share (Per Pay Period)
	Employee	559.76	503.78	125.00	628.78	27.99
	Employee + Spouse	1,175.48	822.84	125.00	947.84	176.32
	Employee + Child(ren)	1,063.54	744.48	125.00	869.48	159.53
	Employee + Family	1,735.30	1,214.71	125.00	1,339.71	260.30
Blue Shield Medical	Blue Shield HMO	Monthly Premium	College Share	College Contribution to HSA [^]	TOTAL College Cost	Employee Share (Per Pay Period)
	Employee	1,056.04	944.60	0.00	944.60	55.72
	Employee + Spouse	2,217.74	1,618.94	0.00	1,618.94	299.40
	Employee + Child(ren)	2,006.52	1,464.76	0.00	1,464.76	270.88
	Employee + Family	3,263.36	2,382.24	0.00	2,382.24	440.56
	Blue Shield Trio HMO	Monthly Premium	College Share	College Contribution to HSA [^]	TOTAL College Cost	Employee Share (Per Pay Period)
	Employee	811.12	741.06	0.00	741.06	35.03
	Employee + Spouse	1,703.34	1,262.02	0.00	1,262.02	220.66
	Employee + Child(ren)	1,541.14	1,141.84	0.00	1,141.84	199.65
	Employee + Family	2,506.46	1,854.96	0.00	1,854.96	325.75
	Blue Shield HSA	Monthly Premium	College Share	College Contribution to HSA [^]	TOTAL College Cost	Employee Share (Per Pay Period)
	Employee	882.12	793.90	125.00	918.90	44.11
	Employee + Spouse	1,852.42	1,352.26	125.00	1,477.26	250.08
Employee + Child(ren)	1,676.00	1,223.48	125.00	1,348.48	226.26	
Employee + Family	2,734.64	1,996.28	125.00	2,121.28	369.18	

Dental	Delta Dental PPO	Monthly Premium	College Share	Employee Share (Per Pay Period)
	Employee	59.68	59.68	0.00
	Employee + Spouse	111.40	77.98	16.71
	Employee + Child(ren)	126.28	88.40	18.94
	Employee + Family	195.94	137.16	29.39
Delta Dental HMO	Delta Dental HMO	Monthly Premium	College Share	Employee Share (Per Pay Period)
	Employee	18.68	18.68	0.00
	Employee + Spouse	34.62	24.22	5.20
	Employee + Child(ren)	34.88	24.42	5.23
	Employee + Family	50.26	35.18	7.54
Vision	VSP Vision	Monthly Premium	College Share	Employee Share (Per Pay Period)
	Employee	7.50	7.50	0.00
	Employee + Spouse	12.74	8.92	1.91
	Employee + Child(ren)	12.74	8.92	1.91
	Employee + Family	21.80	15.26	3.27

[^] The College HSA contribution of \$1,500 will be made in the first payroll that the benefit becomes effective. For those hired after 1/1/20 the benefit will be prorated.