

## Rates Effective 10/01/2025

|                                             | 50% FTE                             | 60% FTE                               | 75% FTE                             | 80% FTE                                 | 81.25% FTE                              | 100% FTE                            |
|---------------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------|
|                                             | 4 hours a day or<br>20 hours a week | 4.8 hours a day or<br>24 hours a week | 6 hours a day or<br>30 hours a week | 6.4 hours per day or<br>32 hours a week | 6.5 hours a day or<br>32.5 hours a week | 8 hours a day or<br>40 hours a week |
|                                             | Employee 10thly<br>Cost             | Employee 10thly<br>Cost               | Employee 10thly<br>Cost             | Employee 10thly<br>Cost                 | Employee 10thly<br>Cost                 | Employee 10thly<br>Cost             |
| <b>MEDICAL</b>                              |                                     |                                       |                                     |                                         |                                         |                                     |
| <b>Blue Shield PPO</b>                      |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$550.80                            | \$440.64                              | \$275.40                            | \$220.32                                | \$206.55                                | \$0.00                              |
| Employee + One Dependent                    | \$1,249.80                          | \$1,069.92                            | \$800.10                            | \$710.16                                | \$687.68                                | \$350.40                            |
| Employee + Family (2 or more Dependents)    | \$1,834.20                          | \$1,597.68                            | \$1,242.90                          | \$1,124.64                              | \$1,095.08                              | \$651.60                            |
| <b>Blue Shield PPO HSA</b>                  |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$426.70                            | \$341.36                              | \$213.35                            | \$170.68                                | \$160.01                                | \$0.00                              |
| Employee + One Dependent                    | \$828.28                            | \$662.62                              | \$414.14                            | \$331.31                                | \$310.60                                | \$0.00                              |
| Employee + Family (2 or more Dependents)    | \$1,150.67                          | \$920.54                              | \$575.34                            | \$460.27                                | \$431.50                                | \$0.00                              |
| <b>SISC Anthem Proactive Care Plan Gold</b> |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$535.20                            | \$428.16                              | \$267.60                            | \$214.08                                | \$200.70                                | \$0.00                              |
| Employee + One Dependent                    | \$899.40                            | \$719.52                              | \$449.70                            | \$359.76                                | \$337.28                                | \$280.80                            |
| Employee + Family (2 or more Dependents)    | \$1,729.80                          | \$1,493.28                            | \$1,138.50                          | \$1,020.24                              | \$990.68                                | \$547.20                            |
| <b>Blue Shield HMO 10</b>                   |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$549.00                            | \$439.20                              | \$274.50                            | \$219.60                                | \$205.88                                | \$0.00                              |
| Employee + One Dependent                    | \$1,242.60                          | \$1,062.72                            | \$792.90                            | \$702.96                                | \$680.48                                | \$343.20                            |
| Employee + Family (2 or more Dependents)    | \$1,823.40                          | \$1,586.88                            | \$1,232.10                          | \$1,113.84                              | \$1,084.28                              | \$640.80                            |
| <b>Blue Shield HMO 30</b>                   |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$505.80                            | \$404.64                              | \$252.90                            | \$202.32                                | \$189.68                                | \$0.00                              |
| Employee + One Dependent                    | \$1,069.80                          | \$889.92                              | \$620.10                            | \$530.16                                | \$507.68                                | \$170.40                            |
| Employee + Family (2 or more Dependents)    | \$1,577.40                          | \$1,340.88                            | \$986.10                            | \$867.84                                | \$838.28                                | \$394.80                            |
| <b>Blue Shield HMO TRIO</b>                 |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$463.80                            | \$371.04                              | \$231.90                            | \$185.52                                | \$173.93                                | \$0.00                              |
| Employee + One Dependent                    | \$899.40                            | \$719.52                              | \$449.70                            | \$359.76                                | \$337.28                                | \$2.40                              |
| Employee + Family (2 or more Dependents)    | \$1,338.60                          | \$1,102.08                            | \$747.30                            | \$629.04                                | \$599.48                                | \$156.00                            |
| <b>Kaiser 15</b>                            |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$490.20                            | \$392.16                              | \$245.10                            | \$196.08                                | \$183.83                                | \$0.00                              |
| Employee + One Dependent                    | \$1,003.80                          | \$823.92                              | \$554.10                            | \$464.16                                | \$441.68                                | \$104.40                            |
| Employee + Family (2 or more Dependents)    | \$1,488.60                          | \$1,252.08                            | \$897.30                            | \$779.04                                | \$749.48                                | \$306.00                            |
| <b>Kaiser 30</b>                            |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$478.80                            | \$383.04                              | \$239.40                            | \$191.52                                | \$179.55                                | \$0.00                              |
| Employee + One Dependent                    | \$899.40                            | \$719.52                              | \$449.70                            | \$359.76                                | \$337.28                                | \$60.00                             |
| Employee + Family (2 or more Dependents)    | \$1,426.20                          | \$1,189.68                            | \$834.90                            | \$716.64                                | \$687.08                                | \$243.60                            |
| <b>DENTAL</b>                               |                                     |                                       |                                     |                                         |                                         |                                     |
| <b>Delta Dental PPO</b>                     |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$29.78                             | \$23.82                               | \$14.89                             | \$11.91                                 | \$11.17                                 | \$0.00                              |
| Employee + One Dependent                    | \$47.65                             | \$38.12                               | \$23.83                             | \$19.06                                 | \$17.87                                 | \$0.00                              |
| Employee + Family (2 or more Dependents)    | \$80.41                             | \$64.32                               | \$40.20                             | \$32.16                                 | \$30.15                                 | \$0.00                              |
| <b>Delta Care USA HMO</b>                   |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee Only                               | \$15.33                             | \$12.26                               | \$7.67                              | \$6.13                                  | \$5.75                                  | \$0.00                              |
| Employee + One Dependent                    | \$24.97                             | \$19.98                               | \$12.49                             | \$9.99                                  | \$9.36                                  | \$0.00                              |
| Employee + Family (2 or more Dependents)    | \$37.06                             | \$29.65                               | \$18.53                             | \$14.82                                 | \$13.90                                 | \$0.00                              |
| <b>VISION</b>                               |                                     |                                       |                                     |                                         |                                         |                                     |
| <b>VSP</b>                                  |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee + Dependents (only 1 plan)         | \$10.80                             | \$8.64                                | \$5.40                              | \$4.32                                  | \$4.05                                  | \$0.00                              |
| <b>VSP for Employees enrolled in Kaiser</b> |                                     |                                       |                                     |                                         |                                         |                                     |
| Employee + Dependents (only 1 plan)         | \$27.00                             | \$27.00                               | \$27.00                             | \$27.00                                 | \$27.00                                 | \$27.00                             |

Please note not all FTE/hours per week are reflected. For more information please see complete rate sheet table, posted online or contact Benefits for more information.