



Faculty & Staff
Medical Dental Vision Premium Rates
 (Per Pay Period)
 Effective 1/1/2023 - 12/31/2023

	Employee Contribution* Per Pay Period	SCU Contribution Per Pay Period	Total Cost Per Pay Period	Total Cost Per Month
Blue Shield Trio HMO Medical Plan				
Employee Only	\$8.05	\$416.15	\$424.20	\$848.40
EE + One Dependent	\$85.13	\$805.69	\$890.82	\$1,781.64
EE+ Two or More Dependents	\$160.54	\$1,112.06	\$1,272.60	\$2,545.20
Blue Shield Access+ HMO Medical Plan				
Employee Only	\$54.48	\$586.59	\$641.07	\$1,282.13
EE + One Dependent	\$231.37	\$1,114.86	\$1,346.23	\$2,692.45
EE+ Two or More Dependents	\$351.25	\$1,571.93	\$1,923.18	\$3,846.36
Blue Shield PPO (High Deductible HSA) Medical Plan				
Employee Only	\$82.39	\$719.40	\$801.79	\$1,603.58
EE + One Dependent	\$280.10	\$1,403.67	\$1,683.77	\$3,367.53
EE+ Two or More Dependents	\$444.34	\$1,961.04	\$2,405.38	\$4,810.75
Kaiser Medical Plan				
Employee Only	\$30.07	\$400.33	\$430.40	\$860.79
EE + One Dependent	\$167.64	\$693.15	\$860.79	\$1,721.58
EE+ Two or More Dependents	\$252.86	\$965.16	\$1,218.02	\$2,436.03
Delta Dental Plan				
Employee Only	\$0.00	\$38.58	\$38.58	\$77.16
EE + One Dependent	\$9.21	\$52.94	\$62.15	\$124.30
EE+ Two or More Dependents	\$21.05	\$71.42	\$92.47	\$184.94
Blue View Vision Plan				
Employee Only	\$2.31	\$2.52	\$4.83	\$9.65
EE + One Dependent	\$3.20	\$3.84	\$7.04	\$14.08
EE+ Two or More Dependents	\$5.39	\$7.10	\$12.49	\$24.97

* All employees and dependent contributions are automatically payroll deducted on a pre-tax basis. Faculty and staff who do not wish to have contributions deducted on a pre-tax basis must sign a waiver form available in Human Resources. If at any time, payroll deductions cannot be withheld automatically, those underwithheld contributions will be placed into an arrears account and will automatically restart when pay resumes.