MASONS OF CALIFORNIA

2027 COST OF COVERAGE



Medical employee contributions and employer costs

You share the cost of medical coverage. Contributions are deducted on a semi-monthly basis.

KAISER $5,500 NONSTOP

Coverage Tier	Employee Cost Per Month	Employee Cost Per Pay Period	Employer Cost Per Month
Employee Only	$88.10	$44.05	$792.87
Employee + Spouse	$405.25	$202.62	$1,532.89
Employee + Child(ren)	$352.39	$176.19	$1,409.55
Employee + Family	$616.68	$308.34	$2,026.23

KAISER HDHP HSA

Coverage Tier	Employee Cost Per Month	Employee Cost Per Pay Period	Employer Cost Per Month
Employee Only	$89.85	$44.92	$808.61
Employee + Spouse	$413.29	$206.65	$1,563.32
Employee + Child(ren)	$359.38	$179.69	$1,437.54
Employee + Family	$628.92	$314.46	$2,066.46

BLUE SHIELD HMO

Coverage Tier	Employee Cost Per Month	Employee Cost Per Pay Period	Employer Cost Per Month
Employee Only	$177.05	$88.52	$1,593.43
Employee + Spouse	$827.03	$413.52	$3,110.05
Employee + Child(ren)	$747.33	$373.66	$2,924.08
Employee + Family	$1,330.49	$665.25	$4,284.80

HSA CONTRIBUTION

Employee Only $50 per month **Employee + Family** $83.33 per month

The employer contributes $600 annually for employee-only coverage and $1,000 annually for employee-plus-dependent coverage for employees enrolled in the HSA-qualified Kaiser medical plan.

Tobacco Surcharge: an additional $100.

MASONS OF CALIFORNIA

2027 COST OF COVERAGE



Dental and vision employee contributions and employer costs

Contributions are deducted on a semi-monthly basis.

DELTA DENTAL PPO

Coverage Tier	Employee Cost Per Month	Employee Cost Per Pay Period	Employer Cost Per Month
Employee Only	$5.22	$2.61	$46.95
Employee + Spouse	$19.52	$9.76	$80.32
Employee + Child(ren)	$26.37	$13.19	$96.32
Employee + Family	$44.39	$22.19	$138.35

DELTACARE DHMO

Coverage Tier	Employee Cost Per Month	Employee Cost Per Pay Period	Employer Cost Per Month
Employee Only	$2.09	$1.05	$18.83
Employee + Spouse	$7.24	$3.62	$30.85
Employee + Child(ren)	$7.61	$3.81	$31.71
Employee + Family	$12.78	$6.39	$43.76

EYEMED VISION

Coverage Tier	Employee Cost Per Month	Employee Cost Per Pay Period	Employer Cost Per Month
Employee Only	$0.51	$0.26	$4.63
Employee + Spouse	$1.88	$0.94	$7.80
Employee + Child(ren)	$2.06	$1.03	$8.22
Employee + Family	$3.30	$1.65	$11.13