

2027 Employee Contribution Rate Sheet

Costs for Stanford's Medical, Dental, and Vision Plans

To compare medical plans, visit the Cardinal at Work website at cardinalatwork.stanford.edu/compareplans.

Jump down to [part-time employee contribution rates](#).

Full-time Active Employees: Contribution Per Pay Period (semi-monthly)

Kaiser Permanente HMO - California

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$626.50	\$626.50	\$0.00
Employee & Spouse/Registered Domestic Partner	\$1,315.50	\$1,079.00	\$236.50
Employee & Child(ren)	\$1,127.50	\$924.50	\$203.00
Employee & Family	\$1,817.00	\$1,489.50	\$327.50

Kaiser Permanente HMO - Hawaii

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$474.57	\$474.57	\$0.00
Employee & Spouse/Registered Domestic Partner	\$949.13	\$823.63	\$125.50
Employee & Child(ren)	\$854.22	\$741.26	\$112.96
Employee & Family	\$1,423.69	\$1,235.43	\$188.26

Stanford Select Copay Health Plan

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$1,016.50	\$945.50	\$71.00
Employee & Spouse/Registered Domestic Partner	\$2,134.00	\$1,707.00	\$427.00
Employee & Child(ren)	\$1,829.50	\$1,463.50	\$366.00
Employee & Family	\$2,947.50	\$2,357.50	\$590.00

Stanford Choice High-Deductible Health Plan

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$848.50	\$789.00	\$59.50
Employee & Spouse/Registered Domestic Partner	\$1,781.50	\$1,425.50	\$356.00
Employee & Child(ren)	\$1,527.00	\$1,221.50	\$309.50
Employee & Family	\$2,460.50	\$1,968.00	\$492.50

ACA Basic High-Deductible Health Plan

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$487.51	\$453.42	\$34.09
Employee & Spouse/Registered Domestic Partner	\$1,020.74	\$765.74	\$255.01
Employee & Child(ren)	\$875.26	\$656.57	\$218.69
Employee & Family	\$1,408.42	\$1,056.17	\$352.25

Delta Dental Basic PPO

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$20.76	\$20.76	\$0.00
Employee & Spouse/Registered Domestic Partner	\$43.60	\$43.60	\$0.00
Employee & Child(ren)	\$37.38	\$37.38	\$0.00
Employee & Family	\$60.22	\$60.22	\$0.00

Delta Dental Enhanced PPO

Plan Coverage	Total Cost	University Contribution	Your Contribution
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Employee Only	\$34.89	\$20.76	\$14.13
Employee & Spouse/Registered Domestic Partner	\$73.27	\$43.60	\$29.67
Employee & Child(ren)	\$62.81	\$37.38	\$25.43
Employee & Family	\$101.19	\$60.22	40.97

VSP — Vision Care

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$5.88	\$0.00	\$5.88
Employee & Spouse/Registered Domestic Partner	\$9.42	\$0.00	\$9.42
Employee & Child(ren)	\$9.62	\$0.00	\$9.62
Employee & Family	\$15.50	\$0.00	\$15.50

Part-Time Active Employees: Contribution Per Pay Period (semi-monthly)

Kaiser Permanente HMO

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$626.50	\$313.25	\$313.25
Employee & Spouse/Registered Domestic Partner	\$1,315.50	\$539.50	\$776.00
Employee & Child(ren)	\$1,127.50	\$462.25	\$665.25
Employee & Family	\$1,817.00	\$744.75	\$1,072.25

Kaiser Permanente HMO - Hawaii

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$474.57	\$237.28	\$237.29
Employee & Spouse/Registered Domestic Partner	\$949.13	\$411.82	\$537.32
Employee & Child(ren)	\$854.22	\$370.63	\$483.59
Employee & Family	\$1,423.69	\$617.71	\$805.98

Stanford Select Copay Health Plan

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$1,016.50	\$313.25	\$703.25
Employee & Spouse/Registered Domestic Partner	\$2,134.00	\$539.50	\$1,594.50
Employee & Child(ren)	\$1,829.50	\$462.25	\$1,367.25
Employee & Family	\$2,947.50	\$744.75	\$2,202.75

Stanford Choice High-Deductible Health Plan

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$848.50	\$313.25	\$535.25
Employee & Spouse/Registered Domestic Partner	\$1,781.50	\$539.50	\$1,242.00
Employee & Child(ren)	\$1,527.00	\$462.25	\$1,064.75
Employee & Family	\$2,460.50	\$744.75	\$1,715.75

ACA Basic High-Deductible Health Plan

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$487.51	\$226.71	\$260.80
Employee & Spouse/Registered Domestic Partner	\$1,020.74	\$382.87	\$637.88
Employee & Child(ren)	\$875.26	\$328.29	\$546.98
Employee & Family	\$1,408.42	\$528.08	\$880.34

Delta Dental Basic PPO

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$20.76	\$10.38	\$10.38
Employee & Spouse/Registered Domestic Partner	\$43.60	\$21.80	\$21.80
Employee & Child(ren)	\$37.38	\$18.69	\$18.69
Employee & Family	\$60.22	\$30.11	\$30.11

Delta Dental Enhanced PPO

Plan Coverage	Total Cost	University Contribution	Your Contribution
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Employee Only	\$34.89	\$10.38	\$24.51
Employee & Spouse/Registered Domestic Partner	\$73.27	\$21.80	\$51.47
Employee & Child(ren)	\$62.81	\$18.69	\$44.12
Employee & Family	\$101.19	\$30.11	\$71.08

VSP — Vision Care

Plan Coverage	Total Cost	University Contribution	Your Contribution
Employee Only	\$5.88	\$0.00	\$5.88
Employee & Spouse/Registered Domestic Partner	\$9.42	\$0.00	\$9.42
Employee & Child(ren)	\$9.62	\$0.00	\$9.62
Employee & Family	\$15.50	\$0.00	\$15.50