

Monthly Rates at 50% FTE /4 hours per day

* Deductions are only 10 months. No deductions June and July.

		BL SH PPO		
		SGL	2P	FAM
TENTHLY		1,051.20	2,055.60	3,096.00
ANNUAL		10,512.00	20,556.00	30,960.00
DISTRICT		10,512.00	17,112.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
50%	4.00	525.60	1,200.00	2,088.60

		BS HMO \$10		
		SGL	2P	FAM
TENTHLY		950.40	1,852.80	2,601.60
ANNUAL		9,504.00	18,528.00	26,016.00
DISTRICT		9,504.00	17,112.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
50%	4.00	475.20	997.20	1,594.20

		BS PPO HSA		
		SGL	2P	FAM
TENTHLY		765.79	1,481.35	2,066.14
ANNUAL		7,657.92	14,813.52	20,661.36
DISTRICT		7,657.92	17,112.00	20,148.00
DIST HSA Contr		1,925.00	1,149.24	0.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
50%	4.00	382.90	740.68	1,058.74

		BS HMO \$30		
		SGL	2P	FAM
TENTHLY		874.80	1,704.00	2,388.00
ANNUAL		8,748.00	17,040.00	23,880.00
DISTRICT		8,748.00	17,040.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
50%	4.00	437.40	852.00	1,380.60

		KAISER 15		
		SGL	2P	FAM
TENTHLY		850.80	1,650.00	2,314.80
ANNUAL		8,508.00	16,500.00	23,148.00
DISTRICT		8,508.00	16,500.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
50%	4.00	425.40	825.00	1,307.40

		BS HMO TRIO		
		SGL	2P	FAM
TENTHLY		802.80	1,224.00	1,824.00
ANNUAL		8,028.00	15,588.00	21,804.00
DISTRICT		8,028.00	15,588.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
50%	4.00	401.40	779.40	1,173.00

		KAISER 30		
		SGL	2P	FAM
TENTHLY		825.60	1,600.80	2,246.40
ANNUAL		8,256.00	16,008.00	22,464.00
DISTRICT		8,256.00	16,008.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
50%	4.00	412.80	800.40	1,239.00

		VSP	VSP for Kaiser members
FAM		21.60	27.00
		216.00	270.00
		108.00	0.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:	
50%	4.00	10.80	27.00

** This is voluntary additional coverage that can be used outside of Kaiser **

		Delta Dental PPO		
		SGL	2P	FAM
TENTHLY		59.56	95.30	160.81
ANNUAL		595.56	953.04	1,608.12
DISTRICT		595.56	953.04	1,608.12
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
50%	4.00	29.78	47.65	80.41

		Delta Care HMO		
		SGL	2P	FAM
TENTHLY		30.66	49.94	74.12
ANNUAL		306.60	499.44	741.24
DISTRICT		306.60	499.44	741.24
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
50%	4.00	15.33	24.97	37.06