

Monthly Rates at 75% FTE / 6 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:		
75%	6.00	262.80	772.20	1,584.90

		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:		
75%	6.00	237.60	569.40	1,090.50

		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		2,887.50	1,723.86	0.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
75%	6.00	191.45	370.34	555.04

		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:		
75%	6.00	218.70	426.00	876.90

		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:		
75%	6.00	212.70	412.50	803.70

		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:		
75%	6.00	200.70	389.70	669.30

		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:		
75%	6.00	206.40	400.20	735.30

		VSP		VSP for Kaiser members	
		FAM		FAM	
		21.60		27.00	** This is voluntary additional coverage that can be used outside of Kaiser **
		216.00		270.00	
		162.00		0.00	
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		MONTHLY EMPLOYEE PAYROLL DEDUCTION:	
75%	6.00	5.40		27.00	

		Delta Dental PPO		
		SGL	2P	FAM
TENTHLY		59.56	95.30	160.81
ANNUAL		595.56	953.04	1,608.12
DISTRICT		446.67	714.78	1,206.09
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
75%	6.00	14.89	23.83	40.20

		Delta Care HMO		
		SGL	2P	FAM
TENTHLY		30.66	49.94	74.12
ANNUAL		306.60	499.44	741.24
DISTRICT		229.95	374.58	555.93
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
75%	6.00	7.67	12.49	18.53