

Monthly Rates for Full Time (100% FTE/8 hours per day) Employees

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

		BL SH PPO		
		SGL	2P	FAM
TENTHLY		1,077.60	2,106.00	2,960.40
ANNUAL		10,776.00	21,060.00	29,604.00
DISTRICT		10,776.00	17,112.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	394.80	945.60

		BS HMO \$10		
		SGL	2P	FAM
TENTHLY		1,003.20	1,958.40	2,749.20
ANNUAL		10,032.00	19,584.00	27,492.00
DISTRICT		10,032.00	17,112.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	247.20	734.40

		BS PPO HSA		
		SGL	2P	FAM
TENTHLY		786.19	1,520.95	2,122.54
ANNUAL		7,861.92	15,209.52	21,225.36
DISTRICT		7,861.92	17,112.00	20,148.00
DIST HSA Contr		4,150.00	1,902.48	0.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	0.00	107.74

		BS HMO \$30		
		SGL	2P	FAM
TENTHLY		924.00	1,798.80	2,522.40
ANNUAL		9,240.00	17,988.00	25,224.00
DISTRICT		9,240.00	17,112.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	87.60	507.60

		KAISER 15		
		SGL	2P	FAM
TENTHLY		896.40	1,738.80	2,439.60
ANNUAL		8,964.00	17,388.00	24,396.00
DISTRICT		8,964.00	17,112.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	27.60	424.80

		BS HMO TRIO		
		SGL	2P	FAM
TENTHLY		847.20	1,224.00	1,824.00
ANNUAL		8,472.00	16,464.00	23,052.00
DISTRICT		8,472.00	16,464.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	0.00	290.40

		KAISER 30		
		SGL	2P	FAM
TENTHLY		874.80	1,698.00	2,383.20
ANNUAL		8,748.00	16,980.00	23,832.00
DISTRICT		8,748.00	16,980.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	0.00	368.40

		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	
		216.00	0.00	
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	27.00	

		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:		
100%	8.00	0.00	0.00	0.00

		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:		
100%	8.00	0.00	0.00	0.00