

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		1,051.20	2,055.60	2,890.80
ANNUAL		10,512.00	20,556.00	28,908.00
DISTRICT		10,512.00	17,112.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	344.40	876.00

		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:		
100%	8.00	0.00	141.60	586.80

		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		3,850.00	2,298.48	0.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	0.00	51.34

		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:		
100%	8.00	0.00	0.00	373.20

		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:		
100%	8.00	0.00	0.00	300.00

		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:		
100%	8.00	0.00	0.00	165.60

		KAISER 30		
		SGL	2P	FAM
TENTHLY		830.40	1,611.60	2,260.80
ANNUAL		8,304.00	16,116.00	22,608.00
DISTRICT		8,304.00	16,116.00	20,148.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
100%	8.00	0.00	0.00	246.00

		VSP	VSP for Kaiser members
	FAM	21.60	27.00
		216.00	270.00
		216.00	0.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:	
100%	8.00	0.00	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:		
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