

**Fullerton School District  
Effective 10-1-2023**

**2023-2024 Employee Monthly Payroll Deductions Certificated, Classified, and Management**

		Blue Shield PPO			Blue Shield HMO 10			Blue Shield HMO 30			Blue Shield HMO TRIO			KAISER HMO 15		
		SGL	2P	FAM	SGL	2P	FAM	SGL	2P	FAM	SGL	2P	FAM	SGL	2P	FAM
TENTHLY		1,051.20	2,055.60	2,890.80	950.40	1,852.80	2,601.60	874.80	1,704.00	2,388.00	802.80	1,558.80	2,180.40	850.80	1,650.00	2,314.80
ANNUAL		10,512.00	20,556.00	28,908.00	9,504.00	18,528.00	26,016.00	8,748.00	17,040.00	23,880.00	8,028.00	15,588.00	21,804.00	8,508.00	16,500.00	23,148.00
DISTRICT		10,512.00	17,112.00	20,148.00	9,504.00	17,112.00	20,148.00	8,748.00	17,040.00	20,148.00	8,028.00	15,588.00	20,148.00	8,508.00	16,500.00	20,148.00
DIST HSA	Contr															
%	HRS	EMPLOYEE PAYROLL DEDUCTION:														
100%	8.00	0.00	344.40	876.00	0.00	141.60	586.80	0.00	0.00	373.20	0.00	0.00	165.60	0.00	0.00	300.00
	7.90	13.14	365.79	901.19	11.88	162.99	611.99	10.94	21.30	398.39	10.04	19.48	190.79	10.64	20.62	325.19
	7.80	26.28	387.18	926.37	23.76	184.38	637.17	21.87	42.60	423.57	20.07	38.97	215.97	21.27	41.25	350.37
	7.70	39.42	408.57	951.56	35.64	205.77	662.36	32.81	63.90	448.76	30.11	58.46	241.16	31.91	61.88	375.56
95%	7.60	52.56	429.96	976.74	47.52	227.16	687.54	43.74	85.20	473.94	40.14	77.94	266.34	42.54	82.50	400.74
	7.50	65.70	451.35	1,001.93	59.40	248.55	712.73	54.68	106.50	499.13	50.18	97.43	291.53	53.18	103.13	425.93
	7.40	78.84	472.74	1,027.11	71.28	269.94	737.91	65.61	127.80	524.31	60.21	116.91	316.71	63.81	123.75	451.11
	7.30	91.98	494.13	1,052.30	83.16	291.33	763.10	76.55	149.10	549.50	70.25	136.40	341.90	74.45	144.38	476.30
90%	7.20	105.12	515.52	1,077.48	95.04	312.72	788.28	87.48	170.40	574.68	80.28	155.88	367.08	85.08	165.00	501.48
	7.10	118.26	536.91	1,102.67	106.92	334.11	813.47	98.42	191.70	599.87	90.32	175.37	392.27	95.72	185.63	526.67
	7.00	131.40	558.30	1,127.85	118.80	355.50	838.65	109.35	213.00	625.05	100.35	194.85	417.45	106.35	206.25	551.85
	6.90	144.54	579.69	1,153.04	130.68	376.89	863.84	120.29	234.30	650.24	110.39	214.34	442.64	116.99	226.88	577.04
85%	6.80	157.68	601.08	1,178.22	142.56	398.28	889.02	131.22	255.60	675.42	120.42	233.82	467.82	127.62	247.50	602.22
	6.70	170.82	622.47	1,203.41	154.44	419.67	914.21	142.16	276.90	700.61	130.46	253.31	493.01	138.26	268.13	627.41
	6.60	183.96	643.86	1,228.59	166.32	441.06	939.39	153.09	298.20	725.79	140.49	272.79	518.19	148.89	288.75	652.59
	6.50	197.10	665.25	1,253.78	178.20	462.45	964.58	164.03	319.50	750.98	150.53	292.28	543.38	159.53	309.38	677.78
80%	6.40	210.24	686.64	1,278.96	190.08	483.84	989.76	174.96	340.80	776.16	160.56	311.76	568.56	170.16	330.00	702.96
	6.30	223.38	708.03	1,304.15	201.96	505.23	1,014.95	185.90	362.10	801.35	170.60	331.25	593.75	180.80	350.63	728.15
	6.20	236.52	729.42	1,329.33	213.84	526.62	1,040.13	196.83	383.40	826.53	180.63	350.73	618.93	191.43	371.25	753.33
	6.10	249.66	750.81	1,354.52	225.72	548.01	1,065.32	207.77	404.70	851.72	190.67	370.22	644.12	202.07	391.88	778.52
75%	6.00	262.80	772.20	1,379.70	237.60	569.40	1,090.50	218.70	426.00	876.90	200.70	389.70	669.30	212.70	412.50	803.70
	5.90	275.94	793.59	1,404.89	249.48	590.79	1,115.69	229.64	447.30	902.09	210.74	409.19	694.49	223.34	433.13	828.89
	5.80	289.08	814.98	1,430.07	261.36	612.18	1,140.87	240.57	468.60	927.27	220.77	428.67	719.67	233.97	453.75	854.07
	5.70	302.22	836.37	1,455.26	273.24	633.57	1,166.06	251.51	489.90	952.46	230.81	448.16	744.86	244.61	474.38	879.26
70%	5.60	315.36	857.76	1,480.44	285.12	654.96	1,191.24	262.44	511.20	977.64	240.84	467.64	770.04	255.24	495.00	904.44
	5.50	328.50	879.15	1,505.63	297.00	676.35	1,216.43	273.38	532.50	1,002.83	250.88	487.13	795.23	265.88	515.63	929.63
	5.40	341.64	900.54	1,530.81	308.88	697.74	1,241.61	284.31	553.80	1,028.01	260.91	506.61	820.41	276.51	536.25	954.81
	5.30	354.78	921.93	1,556.00	320.76	719.13	1,266.80	295.25	575.10	1,053.20	270.95	526.10	845.60	287.15	556.88	980.00
65%	5.20	367.92	943.32	1,581.18	332.64	740.52	1,291.98	306.18	596.40	1,078.38	280.98	545.58	870.78	297.78	577.50	1,005.18
	5.10	381.06	964.71	1,606.37	344.52	761.91	1,317.17	317.12	617.70	1,103.57	291.02	565.07	895.97	308.42	598.13	1,030.37
	5.00	394.20	986.10	1,631.55	356.40	783.30	1,342.35	328.05	639.00	1,128.75	301.05	584.55	921.15	319.05	618.75	1,055.55
	4.90	407.34	1,007.49	1,656.74	368.28	804.69	1,367.54	338.99	660.30	1,153.94	311.09	604.04	946.34	329.69	639.38	1,080.74
60%	4.80	420.48	1,028.88	1,681.92	380.16	826.08	1,392.72	349.92	681.60	1,179.12	321.12	623.52	971.52	340.32	660.00	1,105.92
	4.70	433.62	1,050.27	1,707.11	392.04	847.47	1,417.91	360.86	702.90	1,204.31	331.16	643.01	996.71	350.96	680.63	1,131.11
	4.60	446.76	1,071.66	1,732.29	403.92	868.86	1,443.09	371.79	724.20	1,229.49	341.19	662.49	1,021.89	361.59	701.25	1,156.29
	4.50	459.90	1,093.05	1,757.48	415.80	890.25	1,468.28	382.73	745.50	1,254.68	351.23	681.98	1,047.08	372.23	721.88	1,181.48
55%	4.40	473.04	1,114.44	1,782.66	427.68	911.64	1,493.46	393.66	766.80	1,279.86	361.26	701.46	1,072.26	382.86	742.50	1,206.66
	4.30	486.18	1,135.83	1,807.85	439.56	933.03	1,518.65	404.60	788.10	1,305.05	371.30	720.95	1,097.45	393.50	763.13	1,231.85
	4.20	499.32	1,157.22	1,833.03	451.44	954.42	1,543.83	415.53	809.40	1,330.23	381.33	740.43	1,122.63	404.13	783.75	1,257.03
	4.10	512.46	1,178.61	1,858.22	463.32	975.81	1,569.02	426.47	830.70	1,355.42	391.37	759.92	1,147.82	414.77	804.38	1,282.22
50%	4.00	525.60	1,200.00	1,883.40	475.20	997.20	1,594.20	437.40	852.00	1,380.60	401.40	779.40	1,173.00	425.40	825.00	1,307.40

Annual Cost Divided by ten  
(vendor paid 12 months)  
Part time prorated

**Pro Rated % of Annual Deduction  
No deductions in June and July**

**Fullerton School District  
Effective 10-1-2023**

**2023-2024 Employee Monthly Payroll Deductions Certificated, Classified, and Management**

KAISER HMO 30			VSP	VSP for Kaiser	Delta Dental PPO			Delta Care HMO					Blue Shield PPO HSA			BLUE SHIELD HIGH DEDUCTIBLE		
SGL	2P	FAM	FAM	FAM	SGL	2P	FAM	SGL	2P	FAM			SGL	2P	FAM	HEALTH SAVINGS ACCOUNT		
830.40	1,611.60	2,260.80	21.60	27.00	59.56	95.30	160.81	30.66	49.94	74.12	TENTHLY		765.79	1,481.35	2,066.14	SGL	2P	FAM
8,304.00	16,116.00	22,608.00	216.00	270.00	595.56	953.04	1,608.12	306.60	499.44	741.24	ANNUAL		7,657.92	14,813.52	20,661.36	DISTRICT CONTRIBUTION ANNUALLY		
8,304.00	16,116.00	20,148.00	216.00	0.00	595.56	953.04	1,608.12	306.60	499.44	741.24	DISTRICT		11,507.92	17,112.00	20,148.00	3,850.00	2,298.48	0.00
											DIST HSA Contr		3,850.00	2,298.48	0.00			
											%	HRS				Pro Rata District HSA Contribution		
0.00	0.00	246.00	0.00	27.00	0.00	0.00	0.00	0.00	0.00	0.00	100%	8.00	0.00	0.00	51.34	3,850.00	2,298.48	0.00
10.38	20.14	271.19	0.27	27.00	0.74	1.19	2.01	0.38	0.62	0.93		7.90	9.57	18.52	76.52	3,801.88	2,269.75	0.00
20.76	40.29	296.37	0.54	27.00	1.49	2.38	4.02	0.77	1.25	1.85		7.80	19.14	37.03	101.71	3,753.75	2,241.02	0.00
31.14	60.44	321.56	0.81	27.00	2.23	3.57	6.03	1.15	1.87	2.78		7.70	28.72	55.55	126.89	3,705.63	2,212.29	0.00
41.52	80.58	346.74	1.08	27.00	2.98	4.77	8.04	1.53	2.50	3.71	95%	7.60	38.29	74.07	152.08	3,657.50	2,183.56	0.00
51.90	100.73	371.93	1.35	27.00	3.72	5.96	10.05	1.92	3.12	4.63		7.50	47.86	92.58	177.26	3,609.38	2,154.83	0.00
62.28	120.87	397.11	1.62	27.00	4.47	7.15	12.06	2.30	3.75	5.56		7.40	57.43	111.10	202.45	3,561.25	2,126.09	0.00
72.66	141.02	422.30	1.89	27.00	5.21	8.34	14.07	2.68	4.37	6.49		7.30	67.01	129.62	227.63	3,513.13	2,097.36	0.00
83.04	161.16	447.48	2.16	27.00	5.96	9.53	16.08	3.07	4.99	7.41	90%	7.20	76.58	148.14	252.82	3,465.00	2,068.63	0.00
93.42	181.31	472.67	2.43	27.00	6.70	10.72	18.09	3.45	5.62	8.34		7.10	86.15	166.65	278.00	3,416.88	2,039.90	0.00
103.80	201.45	497.85	2.70	27.00	7.44	11.91	20.10	3.83	6.24	9.27		7.00	95.72	185.17	303.19	3,368.75	2,011.17	0.00
114.18	221.60	523.04	2.97	27.00	8.19	13.10	22.11	4.22	6.87	10.19		6.90	105.30	203.69	328.37	3,320.63	1,982.44	0.00
124.56	241.74	548.22	3.24	27.00	8.93	14.30	24.12	4.60	7.49	11.12	85%	6.80	114.87	222.20	353.56	3,272.50	1,953.71	0.00
134.94	261.89	573.41	3.51	27.00	9.68	15.49	26.13	4.98	8.12	12.05		6.70	124.44	240.72	378.74	3,224.38	1,924.98	0.00
145.32	282.03	598.59	3.78	27.00	10.42	16.68	28.14	5.37	8.74	12.97		6.60	134.01	259.24	403.93	3,176.25	1,896.25	0.00
155.70	302.18	623.78	4.05	27.00	11.17	17.87	30.15	5.75	9.36	13.90		6.50	143.59	277.75	429.11	3,128.13	1,867.52	0.00
166.08	322.32	648.96	4.32	27.00	11.91	19.06	32.16	6.13	9.99	14.82	80%	6.40	153.16	296.27	454.30	3,080.00	1,838.78	0.00
176.46	342.47	674.15	4.59	27.00	12.66	20.25	34.17	6.52	10.61	15.75		6.30	162.73	314.79	479.48	3,031.88	1,810.05	0.00
186.84	362.61	699.33	4.86	27.00	13.40	21.44	36.18	6.90	11.24	16.68		6.20	172.30	333.30	504.67	2,983.75	1,781.32	0.00
197.22	382.76	724.52	5.13	27.00	14.14	22.63	38.19	7.28	11.86	17.60		6.10	181.88	351.82	529.85	2,935.63	1,752.59	0.00
207.60	402.90	749.70	5.40	27.00	14.89	23.83	40.20	7.67	12.49	18.53	75%	6.00	191.45	370.34	555.04	2,887.50	1,723.86	0.00
217.98	423.05	774.89	5.67	27.00	15.63	25.02	42.21	8.05	13.11	19.46		5.90	201.02	388.85	580.22	2,839.38	1,695.13	0.00
228.36	443.19	800.07	5.94	27.00	16.38	26.21	44.22	8.43	13.73	20.38		5.80	210.59	407.37	605.41	2,791.25	1,666.40	0.00
238.74	463.34	825.26	6.21	27.00	17.12	27.40	46.23	8.81	14.36	21.31		5.70	220.17	425.89	630.59	2,743.13	1,637.67	0.00
249.12	483.48	850.44	6.48	27.00	17.87	28.59	48.24	9.20	14.98	22.24	70%	5.60	229.74	444.41	655.78	2,695.00	1,608.94	0.00
259.50	503.63	875.63	6.75	27.00	18.61	29.78	50.25	9.58	15.61	23.16		5.50	239.31	462.92	680.96	2,646.88	1,580.21	0.00
269.88	523.77	900.81	7.02	27.00	19.36	30.97	52.26	9.96	16.23	24.09		5.40	248.88	481.44	706.15	2,598.75	1,551.47	0.00
280.26	543.92	926.00	7.29	27.00	20.10	32.17	54.27	10.35	16.86	25.02		5.30	258.45	499.96	731.33	2,550.63	1,522.74	0.00
290.64	564.06	951.18	7.56	27.00	20.84	33.36	56.28	10.73	17.48	25.94	65%	5.20	268.03	518.47	756.52	2,502.50	1,494.01	0.00
301.02	584.21	976.37	7.83	27.00	21.59	34.55	58.29	11.11	18.10	26.87		5.10	277.60	536.99	781.70	2,454.38	1,465.28	0.00
311.40	604.35	1,001.55	8.10	27.00	22.33	35.74	60.30	11.50	18.73	27.80		5.00	287.17	555.51	806.89	2,406.25	1,436.55	0.00
321.78	624.50	1,026.74	8.37	27.00	23.08	36.93	62.31	11.88	19.35	28.72		4.90	296.74	574.02	832.07	2,358.13	1,407.82	0.00
332.16	644.64	1,051.92	8.64	27.00	23.82	38.12	64.32	12.26	19.98	29.65	60%	4.80	306.32	592.54	857.26	2,310.00	1,379.09	0.00
342.54	664.79	1,077.11	8.91	27.00	24.57	39.31	66.33	12.65	20.60	30.58		4.70	315.89	611.06	882.44	2,261.88	1,350.36	0.00
352.92	684.93	1,102.29	9.18	27.00	25.31	40.50	68.35	13.03	21.23	31.50		4.60	325.46	629.57	907.63	2,213.75	1,321.63	0.00
363.30	705.08	1,127.48	9.45	27.00	26.06	41.70	70.36	13.41	21.85	32.43		4.50	335.03	648.09	932.81	2,165.67	1,292.90	0.00
373.68	725.22	1,152.66	9.72	27.00	26.80	42.89	72.37	13.80	22.47	33.36	55%	4.40	344.61	666.61	958.00	2,117.50	1,264.16	0.00
384.06	745.37	1,177.85	9.99	27.00	27.54	44.08	74.38	14.18	23.10	34.28		4.30	354.18	685.13	983.18	2,069.38	1,235.43	0.00
394.44	765.51	1,203.03	10.26	27.00	28.29	45.27	76.39	14.56	23.72	35.21		4.20	363.75	703.64	1,008.37	2,021.25	1,206.70	0.00
404.82	785.66	1,228.22	10.53	27.00	29.03	46.46	78.40	14.95	24.35	36.14		4.10	373.32	722.16	1,033.55	1,973.13	1,177.97	0.00
415.20	805.80	1,253.40	10.80	27.00	29.78	47.65	80.41	15.33	24.97	37.06	50%	4.00	382.90	740.68	1,058.74	1,925.00	1,149.24	0.00

Annual Cost Divided by ten  
(vendor paid 12 months)  
Part time prorated

**Pro Rated % of Annual Deduction  
No deductions in June and July**

# 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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>100%</b>	<b>8.00</b>	<b>0.00</b>	<b>344.40</b>	<b>876.00</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>100%</b>	<b>8.00</b>	<b>0.00</b>	<b>141.60</b>	<b>586.80</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>100%</b>	<b>8.00</b>	<b>0.00</b>	<b>0.00</b>	<b>51.34</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>100%</b>	<b>8.00</b>	<b>0.00</b>	<b>0.00</b>	<b>373.20</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>100%</b>	<b>8.00</b>	<b>0.00</b>	<b>0.00</b>	<b>300.00</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>100%</b>	<b>8.00</b>	<b>0.00</b>	<b>0.00</b>	<b>165.60</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>100%</b>	<b>8.00</b>	<b>0.00</b>	<b>0.00</b>	<b>246.00</b>

		VSP	VSP for Kaiser members
	FAM	21.60	27.00
		216.00	270.00
		216.00	0.00
<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		<b>0.00</b>	<b>27.00</b>

\*\* 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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>100%</b>	<b>8.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>100%</b>	<b>8.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

# 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	2,890.80
ANNUAL		10,512.00	20,556.00	28,908.00
DISTRICT		10,512.00	17,112.00	20,148.00
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>75%</b>	<b>6.00</b>	<b>262.80</b>	<b>772.20</b>	<b>1,379.70</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>75%</b>	<b>6.00</b>	<b>237.60</b>	<b>569.40</b>	<b>1,090.50</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>75%</b>	<b>6.00</b>	<b>191.45</b>	<b>370.34</b>	<b>555.04</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>75%</b>	<b>6.00</b>	<b>218.70</b>	<b>426.00</b>	<b>876.90</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>75%</b>	<b>6.00</b>	<b>212.70</b>	<b>412.50</b>	<b>803.70</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>75%</b>	<b>6.00</b>	<b>200.70</b>	<b>389.70</b>	<b>669.30</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>75%</b>	<b>6.00</b>	<b>207.60</b>	<b>402.90</b>	<b>749.70</b>

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

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>75%</b>	<b>6.00</b>	<b>14.89</b>	<b>23.83</b>	<b>40.20</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>75%</b>	<b>6.00</b>	<b>7.67</b>	<b>12.49</b>	<b>18.53</b>

# 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	2,890.80
ANNUAL		10,512.00	20,556.00	28,908.00
DISTRICT		10,512.00	17,112.00	20,148.00
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>525.60</b>	<b>1,200.00</b>	<b>1,883.40</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>475.20</b>	<b>997.20</b>	<b>1,594.20</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>382.90</b>	<b>740.68</b>	<b>1,058.74</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>437.40</b>	<b>852.00</b>	<b>1,380.60</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>425.40</b>	<b>825.00</b>	<b>1,307.40</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>401.40</b>	<b>779.40</b>	<b>1,173.00</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>415.20</b>	<b>805.80</b>	<b>1,253.40</b>

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

\*\* 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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>29.78</b>	<b>47.65</b>	<b>80.41</b>

		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
<b>%</b>	<b>HRS</b>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>15.33</b>	<b>24.97</b>	<b>37.06</b>