

# 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		1,077.60	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
<u>%</u>	<u>HRS</u>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>538.80</b>	<b>1,250.40</b>	<b>1,953.00</b>

		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
<u>%</u>	<u>HRS</u>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>501.60</b>	<b>1,102.80</b>	<b>1,741.80</b>

		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		2,075.00	951.24	0.00
<u>%</u>	<u>HRS</u>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>393.10</b>	<b>760.48</b>	<b>1,115.14</b>

		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
<u>%</u>	<u>HRS</u>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>462.00</b>	<b>943.20</b>	<b>1,515.00</b>

		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
<u>%</u>	<u>HRS</u>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>448.20</b>	<b>883.20</b>	<b>1,432.20</b>

		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
<u>%</u>	<u>HRS</u>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>423.60</b>	<b>823.20</b>	<b>1,297.80</b>

		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
<u>%</u>	<u>HRS</u>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>		
<b>50%</b>	<b>4.00</b>	<b>437.40</b>	<b>849.00</b>	<b>1,375.80</b>

		VSP	
		FAM	
		21.60	
		216.00	
		108.00	
<u>%</u>	<u>HRS</u>	<b>MONTHLY EMPLOYEE PAYROLL DEDUCTION:</b>	
<b>50%</b>	<b>4.00</b>	<b>10.80</b>	

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