

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		1,077.60	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:		
75%	6.00	269.40	822.60	1,449.30

		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:		
75%	6.00	250.80	675.00	1,238.10

		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		3,112.50	1,426.86	0.00
%	HRS	MONTHLY EMPLOYEE PAYROLL DEDUCTION:		
75%	6.00	196.55	380.24	611.44

		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:		
75%	6.00	231.00	515.40	1,011.30

		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:		
75%	6.00	224.10	455.40	928.50

		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:		
75%	6.00	211.80	411.60	794.10

		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:		
75%	6.00	218.70	424.50	872.10

		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:			
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