

# 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>