

DEDUCTIONS FOR CERTIFICATED & CERTIFICATED MANAGEMENT							
EMPLOYEES FOR 2023 - 2024 OPEN ENROLLMENT							
<u>MEDICAL</u>	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
<u>HEALTH NET HMO</u>							
MONTHLY DEDUCTIONS	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
EE ONLY	\$415.96	\$372.50	\$310.42	\$248.33	\$204.87	\$105.54	\$0.00
EE + 1	\$894.28	\$800.85	\$667.38	\$533.90	\$440.47	\$226.91	\$0.00
EE + FAMILY	\$1,227.06	\$1,098.86	\$915.72	\$732.57	\$604.37	\$311.34	\$0.00
11 MONTH DEDUCTIONS							
EE ONLY	\$453.77	\$406.36	\$338.64	\$270.91	\$223.50	\$115.14	\$0.00
EE + 1	\$975.58	\$873.65	\$728.05	\$582.44	\$480.51	\$247.54	\$0.00
EE + FAMILY	\$1,338.61	\$1,198.75	\$998.97	\$799.17	\$659.31	\$339.65	\$0.00
<u>KAISER HMO</u>							
MONTHLY DEDUCTIONS							
EE ONLY	\$533.13	\$489.67	\$427.59	\$365.50	\$322.04	\$222.71	\$117.17
EE + 1	\$1,018.53	\$925.10	\$791.63	\$658.15	\$564.72	\$351.16	\$124.25
EE + FAMILY	\$1,452.63	\$1,324.43	\$1,141.29	\$958.14	\$829.94	\$536.91	\$225.57
11 MONTH DEDUCTIONS							
EE ONLY	\$581.59	\$534.18	\$466.46	\$398.73	\$351.32	\$242.96	\$127.82
EE+1	\$1,111.13	\$1,009.20	\$863.60	\$717.98	\$616.06	\$383.08	\$135.55
EE + FAMILY	\$1,584.69	\$1,444.83	\$1,245.04	\$1,045.25	\$905.39	\$585.72	\$246.08
<u>HEALTH NET PPO</u>							
MONTHLY DEDUCTIONS	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
EE ONLY	\$919.37	\$875.91	\$813.83	\$751.74	\$708.28	\$608.95	\$503.41
EE + 1	\$1,976.61	\$1,883.18	\$1,749.71	\$1,616.23	\$1,522.80	\$1,309.24	\$1,082.33
EE + FAMILY	\$2,712.07	\$2,583.87	\$2,400.73	\$2,217.58	\$2,089.38	\$1,796.35	\$1,485.01
11 MONTH DEDUCTIONS							
EE ONLY	\$1,002.94	\$955.54	\$887.81	\$820.08	\$772.67	\$664.31	\$549.17
EE + 1	\$2,156.30	\$2,054.38	\$1,908.77	\$1,763.16	\$1,661.23	\$1,428.26	\$1,180.72
EE + FAMILY	\$2,958.62	\$2,818.77	\$2,618.98	\$2,419.18	\$2,279.33	\$1,959.66	\$1,620.01
<u>DENTAL</u>	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
<u>DELTA PPO DENTAL</u>							
MONTHLY DEDUCTIONS	\$73.74	\$66.04	\$55.03	\$44.02	\$36.32	\$18.71	\$0.00
11 MONTH DEDUCTIONS	\$80.44	\$72.04	\$60.03	\$48.03	\$39.62	\$20.41	\$0.00
<u>DELTACARE (HMO) DENTAL</u>							
MONTHLY DEDUCTIONS	\$30.46	\$27.28	\$22.73	\$18.18	\$15.00	\$7.73	\$0.00
11 MONTH DEDUCTIONS	\$33.23	\$29.76	\$24.80	\$19.84	\$16.37	\$8.43	\$0.00
<u>METLIFE (HMO) DENTAL</u>							
MONTHLY DEDUCTIONS	\$33.18	\$29.71	\$24.76	\$19.81	\$16.34	\$8.42	\$0.00
11 MONTH DEDUCTIONS	\$36.19	\$32.41	\$27.01	\$21.61	\$17.83	\$9.18	\$0.00
<u>VISION</u>	10HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
<u>VSP</u>							
MONTHLY DEDUCTIONS							
EE ONLY	\$4.09	\$3.66	\$3.05	\$2.44	\$2.01	\$1.04	\$0.00
EE + 1	\$5.91	\$5.29	\$4.41	\$3.53	\$2.91	\$1.50	\$0.00
EE + FAMILY	\$10.59	\$9.48	\$7.91	\$6.32	\$5.21	\$2.69	\$0.00
11 MONTH DEDUCTIONS							
EE ONLY	\$4.46	\$3.99	\$3.33	\$2.66	\$2.20	\$1.13	\$0.00
EE + 1	\$6.45	\$5.77	\$4.81	\$3.85	\$3.18	\$1.64	\$0.00
EE + FAMILY	\$11.55	\$10.34	\$8.62	\$6.89	\$5.69	\$2.93	\$0.00
LIFE INSURANCE	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
<u>VOYA - CERTIFICATED</u>							
MONTHLY DEDUCTIONS	\$5.19	\$4.65	\$3.88	\$3.10	\$2.56	\$1.32	\$0.00
11 MONTH DEDUCTIONS	\$5.66	\$5.07	\$4.23	\$3.38	\$2.79	\$1.44	\$0.00
<u>VOYA - MANAGEMENT</u>							
MONTHLY DEDUCTIONS	\$10.96	\$9.82	\$8.19	\$6.54	\$5.40	\$2.78	\$0.00
11 MONTH DEDUCTIONS	\$11.96	\$10.71	\$8.93	\$7.14	\$5.89	\$3.03	\$0.00