

Certificated---Employee Contributions						
Couples Discounted 11thly Payroll Deduction Rates Medical, Dental, and Vision Effective October 1, 2023 to September 30, 2024						
Contract Percentage	50%	60%	70%	80%	90%	100%
Medical Plans						
Kaiser HMO 15	\$599.82	\$462.55	\$325.27	\$188.00	\$50.73	\$0.00
Anthem Premier HMO 10 (Select Network)	\$559.73	\$422.46	\$285.18	\$147.91	\$10.64	\$0.00
Anthem Premier HMO 10 (Full Network)	\$646.46	\$509.18	\$371.91	\$234.64	\$97.36	\$0.00
Anthem PPO 100-B	\$810.91	\$673.64	\$536.36	\$399.09	\$261.82	\$124.55
Anthem PPO 90-A	\$744.64	\$607.36	\$470.09	\$332.82	\$195.55	\$58.27
Anthem PPO 80-E	\$617.00	\$479.73	\$342.46	\$205.18	\$67.91	\$0.00
Anthem PPO H.S.A.-A	\$333.09	\$195.82	\$58.55	\$0.00	\$0.00	\$0.00
Dental Plans						
Delta PPO 70/30	\$59.83	\$45.90	\$31.97	\$18.05	\$4.12	\$0.00
Delta PPO-Incentive	\$60.14	\$45.82	\$31.50	\$17.18	\$2.86	\$0.00
Vision Plans						
VSP	\$20.86	\$18.51	\$16.17	\$13.82	\$11.48	\$9.13
		HSA Contribution	Single \$ 1,200.00	Family \$ 2,400.00	Distribution Oct, Jan, Apr & Jan	