

2018-19 Rates												
Trustees/MGMT/Confidential--- Employee Contributions												
10thly Payroll Deduction Rates												
Medical, Dental and Vision Effective October 1, 2018 to September 30, 2019												
Hours Per Day	50%	60%	80%	100%								
Medical Plans												
Kaiser Traditional HMO	\$715.67	\$567.93	\$272.44	\$0.00								
Kaiser Wellness	\$629.27	\$481.53	\$186.04	\$0.00								
Blue Shield HMO Plan 1	\$1,100.87	\$953.13	\$657.64	\$362.15								
Blue Shield HMO Plan 2	\$1,019.27	\$871.53	\$576.04	\$280.55								
Blue Shield HMO Plan 3	\$918.47	\$770.73	\$475.24	\$179.75								
Blue Shield PPO 3B	\$1,471.67	\$1,323.93	\$1,028.44	\$732.95								
Blue Shield PPO 5C	\$1,367.27	\$1,219.53	\$924.04	\$628.55								
Blue Shield PPO 7C	\$1,207.67	\$1,059.93	\$764.44	\$468.95								
Blue Shield Wellness	\$1,242.47	\$1,094.73	\$799.24	\$503.75								
HDHP # 1 -Single	\$733.87	\$586.13	\$290.64	\$0.00								
HDHP # 1 -Family	\$858.87	\$711.13	\$415.64	\$120.15								
Dental Plans												
Delta PPO	\$0.00	\$0.00	\$0.00	\$0.00								
Delta PPO-Incentive	\$0.00	\$0.00	\$0.00	\$0.00								
Vision Plans												
VSP	\$0.00	\$0.00	\$0.00	\$0.00								
<table border="1"> <thead> <tr> <th>HSA Contribution</th> <th>Single</th> <th>Family</th> <th>Distribution</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$ 1,250.00</td> <td>\$ 2,500.00</td> <td>Oct, Jan, Apr & Jul</td> </tr> </tbody> </table>					HSA Contribution	Single	Family	Distribution		\$ 1,250.00	\$ 2,500.00	Oct, Jan, Apr & Jul
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