

DEDUCTIONS FOR CERTIFICATED & CERTIFICATED MANAGEMENT							
EMPLOYEES FOR 2020 - 2021 OPEN ENROLLMENT							
	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
MEDICAL							
HEALTH NET HMO							
MONTHLY DEDUCTIONS							
EE ONLY	\$369.73	\$331.10	\$275.93	\$220.74	\$182.11	\$93.81	\$0.00
EE + 1	\$794.91	\$711.86	\$593.23	\$474.58	\$391.53	\$201.69	\$0.00
EE + FAMILY	\$1,090.71	\$976.76	\$813.97	\$651.17	\$537.22	\$276.75	\$0.00
11 MONTH DEDUCTIONS							
EE ONLY	\$403.34	\$361.20	\$301.01	\$240.80	\$198.66	\$102.34	\$0.00
EE + 1	\$867.18	\$776.58	\$647.15	\$517.72	\$427.12	\$220.03	\$0.00
EE + FAMILY	\$1,189.87	\$1,065.55	\$887.97	\$710.37	\$586.05	\$301.91	\$0.00
KAISER HMO							
MONTHLY DEDUCTIONS							
EE ONLY	\$457.89	\$419.26	\$364.09	\$308.90	\$270.27	\$181.97	\$88.16
EE + 1	\$873.47	\$790.42	\$671.79	\$553.14	\$470.09	\$280.25	\$78.56
EE + FAMILY	\$1,245.78	\$1,131.83	\$969.04	\$806.24	\$692.29	\$431.82	\$155.07
11 MONTH DEDUCTIONS							
EE ONLY	\$499.52	\$457.38	\$397.18	\$336.98	\$294.84	\$198.52	\$96.17
EE+1	\$952.88	\$862.28	\$732.86	\$603.42	\$512.82	\$305.73	\$85.70
EE + FAMILY	\$1,359.04	\$1,234.72	\$1,057.13	\$879.54	\$755.22	\$471.07	\$169.17
HEALTH NET PPO							
MONTHLY DEDUCTIONS							
EE ONLY	\$817.21	\$778.58	\$723.41	\$668.22	\$629.59	\$541.29	\$447.48
EE + 1	\$1,756.98	\$1,673.93	\$1,555.30	\$1,436.65	\$1,353.60	\$1,163.76	\$962.07
EE + FAMILY	\$2,410.71	\$2,296.76	\$2,133.97	\$1,971.17	\$1,857.22	\$1,596.75	\$1,320.00
11 MONTH DEDUCTIONS							
EE ONLY	\$891.50	\$849.36	\$789.17	\$728.96	\$686.82	\$590.50	\$488.16
EE + 1	\$1,916.71	\$1,826.11	\$1,696.69	\$1,567.25	\$1,476.65	\$1,269.56	\$1,049.53
EE + FAMILY	\$2,629.87	\$2,505.55	\$2,327.97	\$2,150.37	\$2,026.05	\$1,741.91	\$1,440.00
DENTAL							
DELTA PPO DENTAL							
MONTHLY DEDUCTIONS	\$77.93	\$69.79	\$58.16	\$46.53	\$38.39	\$19.77	\$0.00
11 MONTH DEDUCTIONS	\$85.02	\$76.14	\$63.45	\$50.76	\$41.88	\$21.57	\$0.00
DELTACARE (HMO) DENTAL							
MONTHLY DEDUCTIONS	\$29.86	\$26.74	\$22.29	\$17.83	\$14.71	\$7.58	\$0.00
11 MONTH DEDUCTIONS	\$32.58	\$29.17	\$24.31	\$19.45	\$16.05	\$8.27	\$0.00
METLIFE (HMO) DENTAL							
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
VISION							
VSP							
MONTHLY DEDUCTIONS							
EE ONLY	\$4.54	\$4.07	\$3.39	\$2.71	\$2.24	\$1.15	\$0.00
EE + 1	\$6.57	\$5.88	\$4.90	\$3.92	\$3.23	\$1.67	\$0.00
EE + FAMILY	\$11.77	\$10.54	\$8.79	\$7.02	\$5.79	\$2.99	\$0.00
11 MONTH DEDUCTIONS							
EE ONLY	\$4.96	\$4.44	\$3.70	\$2.96	\$2.44	\$1.26	\$0.00
EE + 1	\$7.16	\$6.41	\$5.35	\$4.28	\$3.53	\$1.82	\$0.00
EE + FAMILY	\$12.83	\$11.49	\$9.58	\$7.66	\$6.32	\$3.26	\$0.00
LIFE INSURANCE							
VOYA - CERTIFICATED							
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
VOYA - MANAGEMENT							
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