

**DEDUCTIONS FOR CERTIFICATED & CERTIFICATED MANAGEMENT
EMPLOYEES FOR 2018 - 2019 OPEN ENROLLMENT**

MEDICAL

HEALTH NET HMO

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	\$330.53	\$296.00	\$246.67	\$197.33	\$162.80	\$83.87	\$0.00
EE + 1	\$710.64	\$636.39	\$530.33	\$424.26	\$350.01	\$180.31	\$0.00
EE + FAMILY	\$975.08	\$873.20	\$727.68	\$582.14	\$480.26	\$247.41	\$0.00

11 MONTH DEDUCTIONS

EE ONLY	\$360.58	\$322.91	\$269.09	\$215.27	\$177.60	\$91.49	\$0.00
EE + 1	\$775.24	\$694.24	\$578.54	\$462.83	\$381.83	\$196.70	\$0.00
EE + FAMILY	\$1,063.72	\$952.59	\$793.83	\$635.06	\$523.92	\$269.90	\$0.00

KAISER HMO

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	\$458.20	\$423.67	\$374.34	\$325.00	\$290.47	\$211.54	\$127.67
EE + 1	\$924.99	\$850.74	\$744.68	\$638.61	\$564.36	\$394.66	\$214.35
EE + FAMILY	\$1,289.74	\$1,187.86	\$1,042.34	\$896.80	\$794.92	\$562.07	\$314.66

11 MONTH DEDUCTIONS

EE ONLY	\$499.86	\$462.18	\$408.37	\$354.55	\$316.88	\$230.77	\$139.28
EE+1	\$1,009.08	\$928.08	\$812.38	\$696.67	\$615.67	\$430.54	\$233.84
EE + FAMILY	\$1,406.99	\$1,295.85	\$1,137.09	\$978.32	\$867.19	\$613.16	\$343.27

HEALTH NET PPO

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	\$730.55	\$696.02	\$646.69	\$597.35	\$562.82	\$483.89	\$400.02
EE + 1	\$1,570.69	\$1,496.44	\$1,390.38	\$1,284.31	\$1,210.06	\$1,040.36	\$860.05
EE + FAMILY	\$2,155.09	\$2,053.21	\$1,907.69	\$1,762.15	\$1,660.27	\$1,427.42	\$1,180.01

11 MONTH DEDUCTIONS

EE ONLY	\$796.96	\$759.29	\$705.48	\$651.66	\$613.98	\$527.88	\$436.39
EE + 1	\$1,713.48	\$1,632.48	\$1,516.78	\$1,401.07	\$1,320.07	\$1,134.94	\$938.24
EE + FAMILY	\$2,351.00	\$2,239.87	\$2,081.11	\$1,922.34	\$1,811.21	\$1,557.18	\$1,287.28

DENTAL

DELTA PPO DENTAL

	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
MONTHLY DEDUCTIONS	\$82.03	\$73.46	\$61.22	\$48.98	\$40.41	\$20.81	\$0.00
11 MONTH DEDUCTIONS	\$89.49	\$80.14	\$66.79	\$53.43	\$44.08	\$22.71	\$0.00

DELTACARE (HMO) DENTAL

	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
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

METLIFE (HMO) DENTAL

	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
MONTHLY DEDUCTIONS	\$31.91	\$28.57	\$23.81	\$19.05	\$15.71	\$8.10	\$0.00
11 MONTH DEDUCTIONS	\$34.81	\$31.17	\$25.97	\$20.78	\$17.14	\$8.83	\$0.00

VISION

VSP

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	\$4.78	\$4.28	\$3.57	\$2.86	\$2.36	\$1.21	\$0.00
EE + 1	\$6.91	\$6.19	\$5.16	\$4.13	\$3.41	\$1.75	\$0.00
EE + FAMILY	\$12.38	\$11.09	\$9.25	\$7.39	\$6.10	\$3.14	\$0.00

11 MONTH DEDUCTIONS

EE ONLY	\$5.22	\$4.67	\$3.89	\$3.12	\$2.57	\$1.32	\$0.00
EE + 1	\$7.54	\$6.75	\$5.63	\$4.50	\$3.72	\$1.91	\$0.00
EE + FAMILY	\$13.51	\$12.10	\$10.09	\$8.06	\$6.65	\$3.43	\$0.00

LIFE INSURANCE

VOYA - CERTIFICATED

	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
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

	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
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