

Monthly Health Benefit Rates for Certificated Employees
January 1, 2008- December 31, 2008

	Employee Only	Two Party	Family
<u>PERS Choice/Blue Cross (PPO)</u>	\$482.48	\$964.96	\$1,254.45
Dental	117.45	117.45	117.45
Vision	23.14	23.14	23.14
Life	5.20	5.20	5.20
Income Protection	<u>26.40</u>	<u>26.40</u>	<u>26.40</u>
Total Benefit Cost per Month for 12 Months	\$654.67	\$1,137.15	\$1,426.64
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	94.67	370.48	451.64
Monthly payroll deduction for Jan-June (six checks)	94.67	370.48	451.64
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	142.01	555.72	677.46

<u>PERS Select/Blue Cross (PPO)</u>	\$467.18	\$934.36	\$1,214.67
Dental	117.45	117.45	117.45
Vision	23.14	23.14	23.14
Life	5.20	5.20	5.20
Income Protection	<u>26.40</u>	<u>26.40</u>	<u>26.40</u>
Total Benefit Cost per Month for 12 Months	\$639.37	\$1,106.55	\$1,386.86
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	79.37	339.88	411.86
Monthly payroll deduction for Jan-June (six checks)	79.37	339.88	411.86
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	119.06	509.82	617.79

<u>PERSCare/Blue Cross (PPO)</u>	\$749.83	\$1,499.66	\$1,949.56
Dental	117.45	117.45	117.45
Vision	23.14	23.14	23.14
Life	5.20	5.20	5.20
Income Protection	<u>26.40</u>	<u>26.40</u>	<u>26.40</u>
Total Benefit Cost per Month for 12 Months	\$922.02	\$1,671.85	\$2,121.75
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	362.02	905.18	1,146.75
Monthly payroll deduction for Jan-June (six checks)	362.02	905.18	1,146.75
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	543.03	1,357.77	1,720.13

<u>Kaiser Plan CA (HMO)</u>	\$470.67	\$941.34	\$1,223.74
Dental	117.45	117.45	117.45
Vision	23.14	23.14	23.14
Life	5.20	5.20	5.20
Income Protection	<u>26.40</u>	<u>26.40</u>	<u>26.40</u>
Total Benefit Cost per Month for 12 Months	\$642.86	\$1,113.53	\$1,395.93
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	82.86	346.86	420.93
Monthly payroll deduction for Jan-June (six checks)	82.86	346.86	420.93
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	124.29	520.29	631.40

<u>Blue Shield Access+ (HMO)</u>	\$532.93	\$1,065.86	\$1,385.62
Dental	117.45	117.45	117.45
Vision	23.14	23.14	23.14
Life	5.20	5.20	5.20
Income Protection	<u>26.40</u>	<u>26.40</u>	<u>26.40</u>
Total Benefit Cost per Month for 12 Months	\$705.12	\$1,238.05	\$1,557.81
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	145.12	471.38	582.81
Monthly payroll deduction for Jan-June (six checks)	145.12	471.38	582.81
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	217.68	707.07	874.22