

**Monthly Health Benefit Rates for Certificated Employees
January 1, 2010 - December 31, 2010**

	Employee Only	Two Party	Family
<u>PERS Choice/Blue Cross (PPO)</u>	\$508.74	\$1,017.48	\$1,322.72
Dental	117.45	117.45	117.45
Vision	23.00	23.00	23.00
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	\$680.79	\$1,189.53	\$1,494.77
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	120.79	422.86	519.77
Monthly payroll deduction for Jan-June (six checks)	120.79	422.86	519.77
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	181.19	634.29	779.66
<u>PERS Select/Blue Cross (PPO)</u>	\$474.93	\$949.86	\$1,234.82
Dental	117.45	117.45	117.45
Vision	23.00	23.00	23.00
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	\$646.98	\$1,121.91	\$1,406.87
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	86.98	355.24	431.87
Monthly payroll deduction for Jan-June (six checks)	86.98	355.24	431.87
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	130.47	532.86	647.81
<u>PERSCare/Blue Cross (PPO)</u>	\$868.17	\$1,736.34	\$2,257.24
Dental	117.45	117.45	117.45
Vision	23.00	23.00	23.00
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	\$1,040.22	\$1,908.39	\$2,429.29
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	480.22	1,141.72	1,454.29
Monthly payroll deduction for Jan-June (six checks)	480.22	1,141.72	1,454.29
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	720.33	1,712.58	2,181.44
<u>Kaiser Plan CA (HMO)</u>	\$532.56	\$1,065.12	\$1,384.66
Dental	117.45	117.45	117.45
Vision	23.00	23.00	23.00
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	\$704.61	\$1,237.17	\$1,556.71
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	144.61	470.50	581.71
Monthly payroll deduction for Jan-June (six checks)	144.61	470.50	581.71
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	216.92	705.75	872.57
<u>Blue Shield Access+ (HMO)</u>	\$577.33	\$1,154.66	\$1,501.06
Dental	117.45	117.45	117.45
Vision	23.00	23.00	23.00
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	\$749.38	\$1,326.71	\$1,673.11
District Contribution per Month	560.00	766.67	975.00
Employee's Average Contribution per Month	189.38	560.04	698.11
Monthly payroll deduction for Jan-June (six checks)	189.38	560.04	698.11
Monthly payroll deduction for July & August	0.00	0.00	0.00
Monthly payroll deduction for Sept-Dec (four checks)	284.07	840.06	1,047.17