

DEDUCTIONS FOR CERTIFICATED & CERTIFICATED MANAGEMENT							
	EMPLOYEES FOR 2026 - 2027 OPEN ENROLLMENT						
<u>MEDICAL</u>	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
<u>HEALTH NET HMO</u>							
<u>MONTHLY DEDUCTIONS</u>	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
EE ONLY	\$480.52	\$430.32	\$358.61	\$286.88	\$236.68	\$121.92	\$0.00
EE + 1	\$1,033.10	\$925.16	\$770.98	\$616.78	\$508.84	\$262.13	\$0.00
EE + FAMILY	\$1,417.53	\$1,269.43	\$1,057.86	\$846.28	\$698.18	\$359.67	\$0.00
<u>11 MONTH DEDUCTIONS</u>							
EE ONLY	\$524.21	\$469.44	\$391.21	\$312.96	\$258.19	\$133.01	\$0.00
EE + 1	\$1,127.02	\$1,009.27	\$841.06	\$672.85	\$555.10	\$285.96	\$0.00
EE + FAMILY	\$1,546.39	\$1,384.83	\$1,154.03	\$923.22	\$761.66	\$392.37	\$0.00
<u>KAISER HMO</u>							
<u>MONTHLY DEDUCTIONS</u>							
EE ONLY	\$781.32	\$731.12	\$659.41	\$587.68	\$537.48	\$422.72	\$300.80
EE + 1	\$1,503.16	\$1,395.22	\$1,241.04	\$1,086.84	\$978.90	\$732.19	\$470.06
EE + FAMILY	\$2,139.82	\$1,991.72	\$1,780.15	\$1,568.57	\$1,420.47	\$1,081.96	\$722.29
<u>11 MONTH DEDUCTIONS</u>							
EE ONLY	\$852.35	\$797.59	\$719.35	\$641.11	\$586.34	\$461.15	\$328.15
EE+1	\$1,639.81	\$1,522.06	\$1,353.86	\$1,185.64	\$1,067.89	\$798.75	\$512.79
EE + FAMILY	\$2,334.34	\$2,172.78	\$1,941.98	\$1,711.17	\$1,549.61	\$1,180.32	\$787.95
<u>HEALTH NET PPO</u>							
<u>MONTHLY DEDUCTIONS</u>	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
EE ONLY	\$1,062.07	\$1,011.87	\$940.16	\$868.43	\$818.23	\$703.47	\$581.55
EE + 1	\$2,283.43	\$2,175.49	\$2,021.31	\$1,867.11	\$1,759.17	\$1,512.46	\$1,250.33
EE + FAMILY	\$3,133.05	\$2,984.95	\$2,773.38	\$2,561.80	\$2,413.70	\$2,075.19	\$1,715.52
<u>11 MONTH DEDUCTIONS</u>							
EE ONLY	\$1,158.63	\$1,103.86	\$1,025.62	\$947.38	\$892.61	\$767.43	\$634.42
EE + 1	\$2,491.01	\$2,373.27	\$2,205.06	\$2,036.84	\$1,919.09	\$1,649.96	\$1,364.00
EE + FAMILY	\$3,417.87	\$3,256.30	\$3,025.51	\$2,794.70	\$2,633.13	\$2,263.84	\$1,871.48
<u>DENTAL</u>	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
<u>DELTA PPO DENTAL</u>							
MONTHLY DEDUCTIONS	\$75.44	\$67.55	\$56.30	\$45.04	\$37.15	\$19.14	\$0.00
11 MONTH DEDUCTIONS	\$82.29	\$73.70	\$61.41	\$49.13	\$40.53	\$20.88	\$0.00
<u>DELTACARE (HMO) DENTAL</u>							
MONTHLY DEDUCTIONS	\$28.94	\$25.91	\$21.60	\$17.28	\$14.25	\$7.34	\$0.00
11 MONTH DEDUCTIONS	\$31.57	\$28.27	\$23.56	\$18.85	\$15.55	\$8.01	\$0.00
<u>METLIFE (HMO) DENTAL</u>							
MONTHLY DEDUCTIONS	\$29.90	\$26.77	\$22.31	\$17.85	\$14.72	\$7.59	\$0.00
11 MONTH DEDUCTIONS	\$32.61	\$29.21	\$24.34	\$19.47	\$16.06	\$8.27	\$0.00
<u>VISION</u>	10HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
<u>VSP</u>							
<u>MONTHLY DEDUCTIONS</u>							
EE ONLY	\$4.70	\$4.21	\$3.51	\$2.81	\$2.32	\$1.19	\$0.00
EE + 1	\$6.79	\$6.08	\$5.07	\$4.06	\$3.35	\$1.72	\$0.00
EE + FAMILY	\$12.17	\$10.90	\$9.09	\$7.27	\$6.00	\$3.09	\$0.00
<u>11 MONTH DEDUCTIONS</u>							
EE ONLY	\$5.13	\$4.59	\$3.83	\$3.06	\$2.53	\$1.30	\$0.00
EE + 1	\$7.41	\$6.64	\$5.53	\$4.42	\$3.65	\$1.88	\$0.00
EE + FAMILY	\$13.28	\$11.89	\$9.92	\$7.93	\$6.54	\$3.37	\$0.00
<u>LIFE INSURANCE</u>	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
<u>VOYA - CERTIFICATED</u>							
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
<u>VOYA - MANAGEMENT</u>							
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