MONTHLY HEALTH INSURANCE RATES

*The District’s insurance package includes health, dental and life insurance

Rates for part-time staff electing to enroll in one of the district’s health/dental plans are determined by the employee’s percentage of contract (licensed, administrative, professional and technical staff) or notice of assignment (classified staff) and plan selection. The PPO 5 single rate ($648.00) is used when figuring the district contribution for PPO 4, Kaiser and PPO 5 single coverage. The district benefit for a part-time employee’s premium is calculated by multiplying the employee’s percentage (FTE) of the contract or notice of assignment by the PPO 5 ($648.00) single rate. That amount is applied to the single premium of the plan selected and the difference is what the part-time employee pays through a payroll deduction. Dependent coverage, if selected, is in addition to what the employee pays for single coverage.

Refer to examples on reverse side of this sheet*

<table>
<thead>
<tr>
<th>Employee Percentage of Assignment (FTE)</th>
<th>District Paid Benefit</th>
<th>Employee Deduction</th>
<th>Employee Deduction Single</th>
<th>Employee Deduction Kaiser DHMO 1500</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>PPO 5 Plan</td>
<td>$0.00</td>
<td>$53.00</td>
<td>$4.00</td>
</tr>
<tr>
<td></td>
<td>$650.80</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

100% EE + Spouse Insurance

PPO 4 $747.95
PPO 5 $643.95
Kaiser DHMO $651.95

100% EE + Child(ren) Insurance

PPO 4 $668.95
PPO 5 $571.95
Kaiser DHMO $579.95

100% EE + Family Insurance

PPO 4 $968.95
PPO 5 $848.95
Kaiser DHMO $857.95

100% TWO EE’S Family Insurance

PPO 4 $320.95* Refer below
PPO 5 $200.95
Kaiser DHMO $209.95* Refer below

*Two-employee family monthly deduction based on 100% assignment for PPO 4 - $267.95 is deducted from the employee’s paycheck who chooses to have the family deduction, $53.00 is deducted from spouse’s paycheck for single coverage ($267.95 + $53.00 = $320.95) total monthly payroll deduction PPO 4) ($205.95 + $4.00 = $209.95) total monthly payroll deduction Kaiser DHMO 1500).

Vision Insurance

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$10.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$14.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$13.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$24.00</td>
</tr>
</tbody>
</table>
Disability Insurance

The disability insurance premium is district-paid for full-time employees. Rates for part-time employees are based on percentage of contract or notice of assignment. The District benefit for a part-time employee’s monthly premium is calculated by multiplying $10.00 (the total monthly premium for disability insurance) by the percentage of the employee’s contract or notice of assignment. The difference is what the part-time employee pays through a payroll deduction.

Example: A part-time employee working a 75% assignment – $10.00 x .75 = $7.50 = district contribution. Total monthly premium for disability = $10.00 - $7.50 = $2.50 employee monthly deduction.

Part-Time Employee Medical/dental Insurance Calculation

Part-time employees who work at least 20 hours a week (.5 FTE) and have at least a 45 day assignment or contract can enroll in benefits coverage. Rates for part-time employees are based on percentage of contract or notice of assignment. The district monthly single premium cost) are:

- PPO5 - $648.00
- PPO4 - $701.00
- Kaiser DHMO 1500 - $652.00

Example of Employee working .75% FTE

Formula Calculation for PPO5
*PPO5 District Health plan: $648.00 x .75 FTE = $486.00 district contribution.
* $648.00 - $486.00 = $162.00 employee monthly deduction.

Formula Calculation for PPO4
*PPO5 District Health plan: $648.00 x .75 FTE = $486.00 district contribution.
* $701.00 - $486.00 = $215.00 employee monthly deduction.

Formula Calculation for Kaiser DHMO 1500
*PPO5 District Health plan: $648.00 x .75 FTE = $486.00 district contribution.
* $652.00 - $486.00 = $166.00 employee monthly deduction.