

2016-2017

ROP-FIRST 5 EMPLOYEE BENEFITS COSTS

CERTIFICATED/CLASSIFIED

	HSA1 WITH DELTA PLAN 2016/17 Contribution	HSA1 WITH DELTA PLAN 10 Month Contribution	HSA1 WITH DELTA W/ORTHO 2016/17 Contribution	HSA1 WITH DELTA W/ORTHO 10 Month Contribution	HSA1 WITH ANTHEM DENT 2016/17 Contribution	HSA1 WITH ANTHEM DENT 10 Month Contribution
CERTIFICATED/CLASSIFIED						
Single	\$6,614.56	\$661.46	\$6,704.08	\$670.41	\$6,617.56	\$661.76
Empl + Spouse	\$15,772.36	\$1,577.24	\$15,971.92	\$1,597.19	\$15,779.32	\$1,577.93
Empl + Child(ren)	\$14,571.40	\$1,457.14	\$14,770.96	\$1,477.10	\$14,578.36	\$1,457.84
Family	\$22,420.96	\$2,242.10	\$22,715.08	\$2,271.51	\$22,431.40	\$2,243.14

	HSA2 WITH DELTA PLAN 2016/17 Contribution	HSA2 WITH DELTA PLAN 10 Month Contribution	HSA2 WITH DELTA W/ORTHO 2016/17 Contribution	HSA2 WITH DELTA W/ORTHO 10 Month Contribution	HSA2 WITH ANTHEM DENT 2016/17 Contribution	HSA2 WITH ANTHEM DENT 10 Month Contribution
CERTIFICATED/CLASSIFIED						
Single	\$5,893.24	\$589.32	\$5,982.76	\$598.28	\$5,896.24	\$589.62
Empl + Spouse	\$14,293.72	\$1,429.37	\$14,493.28	\$1,449.33	\$14,300.68	\$1,430.07
Empl + Child(ren)	\$13,200.88	\$1,320.09	\$13,400.44	\$1,340.04	\$13,207.84	\$1,320.78
Family	\$20,401.24	\$2,040.12	\$20,695.36	\$2,069.54	\$20,411.68	\$2,041.17

	HMO 20 WITH DELTA PLAN 2016/17 Contribution	HMO 20 WITH DELTA PLAN 10 Month Contribution	HMO 20 WITH DELTA W/ORTHO 2016/17 Contribution	HMO 20 WITH DELTA W/ORTHO 10 Month Contribution	HMO 20 WITH ANTHEM DENT 2016/17 Contribution	HMO 20 WITH ANTHEM DENT 10 Month Contribution
CERTIFICATED/CLASSIFIED						
Single	\$6,660.76	\$666.08	\$6,750.28	\$675.03	\$6,663.76	\$666.38
Empl + Spouse	\$15,867.16	\$1,586.72	\$16,066.72	\$1,606.67	\$15,874.12	\$1,587.41
Empl + Child(ren)	\$14,659.12	\$1,465.91	\$14,858.68	\$1,485.87	\$14,666.08	\$1,466.61
Family	\$22,550.32	\$2,255.03	\$22,844.44	\$2,284.44	\$22,560.76	\$2,256.08

	HMO 30 WITH DELTA PLAN 2016/17 Contribution	HMO 30 WITH DELTA PLAN 10 Month Contribution	HMO 30 WITH DELTA W/ORTHO 2016/17 Contribution	HMO 30 WITH DELTA W/ORTHO 10 Month Contribution	HMO 30 WITH ANTHEM DENT 2016/17 Contribution	HMO 30 WITH ANTHEM DENT 10 Month Contribution
CERTIFICATED/CLASSIFIED						
Single	\$6,159.16	\$615.92	\$6,248.68	\$624.87	\$6,162.16	\$616.22
Empl + Spouse	\$14,838.88	\$1,483.89	\$15,038.44	\$1,503.84	\$14,845.84	\$1,484.58
Empl + Child(ren)	\$13,706.08	\$1,370.61	\$13,905.64	\$1,390.56	\$13,713.04	\$1,371.30
Family	\$21,145.84	\$2,114.58	\$21,439.96	\$2,144.00	\$21,156.28	\$2,115.63

	HMO 40 WITH DELTA PLAN 2016/17 Contribution	HMO 40 WITH DELTA PLAN 10 Month Contribution	HMO 40 WITH DELTA W/ORTHO 2016/17 Contribution	HMO 40 WITH DELTA W/ORTHO 10 Month Contribution	HMO 40 WITH ANTHEM DENT 2016/17 Contribution	HMO 40 WITH ANTHEM DENT 10 Month Contribution
CERTIFICATED/CLASSIFIED						
Single	\$5,425.96	\$542.60	\$5,515.48	\$551.55	\$5,428.96	\$542.90
Empl + Spouse	\$13,335.76	\$1,333.58	\$13,535.32	\$1,353.53	\$13,342.72	\$1,334.27
Empl + Child(ren)	\$12,313.00	\$1,231.30	\$12,512.56	\$1,251.26	\$12,319.96	\$1,232.00
Family	\$19,092.88	\$1,909.29	\$19,387.00	\$1,938.70	\$19,103.32	\$1,910.33

	KAISER WITH DELTA PLAN 2016/17 Contribution	KAISER WITH DELTA PLAN 10 Month Contribution	KAISER WITH DELTA W/ORTHO 2016/17 Contribution	KAISER WITH DELTA W/ORTHO 10 Month Contribution	KAISER WITH ANTHEM DENT 2016/17 Contribution	KAISER WITH ANTHEM DENT 10 Month Contribution
CERTIFICATED/CLASSIFIED						
Single	\$4,935.16	\$493.52	\$5,024.68	\$502.47	\$4,938.16	\$493.82
Empl + Spouse	\$13,278.52	\$1,327.85	\$13,478.08	\$1,347.81	\$13,285.48	\$1,328.55
Empl + Child(ren)	\$12,013.00	\$1,201.30	\$12,212.56	\$1,221.26	\$12,019.96	\$1,202.00
Family	\$18,984.16	\$1,898.42	\$19,278.28	\$1,927.83	\$18,994.60	\$1,899.46

	KAISER LOW/W DELTA PLAN 2016/17 Contribution	KAISER LOW/W DELTA PLAN 10 Month Contribution	KAISER LOW/W DELTA W/ORTHO 2016/17 Contribution	KAISER LOW/W DELTA W/ORTHO 10 Month Contribution	KAISER LOW/W ANTHEM DENT 2016/17 Contribution	KAISER LOW/W ANTHEM DENT 10 Month Contribution
CERTIFICATED/CLASSIFIED						
Single	\$4,868.56	\$486.86	\$4,958.08	\$495.81	\$4,871.56	\$487.16
Empl + Spouse	\$13,132.00	\$1,313.20	\$13,331.56	\$1,333.16	\$13,138.96	\$1,313.90
Empl + Child(ren)	\$11,879.68	\$1,187.97	\$12,079.24	\$1,207.92	\$11,886.64	\$1,188.66
Family	\$18,784.12	\$1,878.41	\$19,078.24	\$1,907.82	\$18,794.56	\$1,879.46

	MIN VALUE W/ DELTA PLAN 2016/17 Contribution	MIN VALUE W/ DELTA PLAN 10 Month Contribution	MIN VALUE W/ DELTA W/ORTHO 2016/17 Contribution	MIN VALUE W/ DELTA W/ORTHO 10 Month Contribution	MIN VALUE W/ ANTHEM DENT 2016/17 Contribution	MIN VALUE W/ ANTHEM DENT 10 Month Contribution
CERTIFICATED/CLASSIFIED						
Single	\$3,208.00	\$320.80	\$3,297.52	\$329.75	\$3,211.00	\$321.10
Empl + Spouse	\$9,019.00	\$901.90	\$9,218.56	\$921.86	\$9,025.96	\$902.60
Empl + Child(ren)	\$7,638.88	\$763.89	\$7,838.44	\$783.84	\$7,645.84	\$764.58
Family	\$13,572.64	\$1,357.26	\$13,866.76	\$1,386.68	\$13,583.08	\$1,358.31