			2016-2017			
			E EMPLOYEE BENEF			
		CE	RTIFICATED/CLASSI	FIED		
	HSA1 WITH	HSA1 WITH	HSA1 WITH	HSA1 WITH	HSA1 WITH	HSA1 WITH
	DELTA PLAN	DELTA PLAN	DELTA W/ORTHO	DELTA W/ORTHO	ANTHEM DENT	ANTHEM DENT
	2016/17	10 Month	2016/17	10 Month	2016/17	10 Month
	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution
CERTIFICATED/CL						
Single	\$1,473.68	\$147.37	\$1,563.20	\$156.32	\$1,476.68	\$147.67
Empl + Spouse Empl + Child(ren)	\$3,674.19 \$3,003.73	\$367.42 \$300.37	\$3,873.75 \$3,203.29	\$387.38 \$320.33	\$3,681.15 \$3,010.69	\$368.12 \$301.07
Family	\$4,509.97	\$451.00	\$4,804.09	\$480.41	\$4,520.41	\$452.04
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	HSA2 WITH	HSA2 WITH	HSA2 WITH	HSA2 WITH	HSA2 WITH	HSA2 WITH
	DELTA PLAN	DELTA PLAN	DELTA W/ORTHO		ANTHEM DENT	ANTHEM DENT
	2016/17	10 Month	2016/17	10 Month	2016/17	10 Month
CERTIFICATED/CL	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution
Single	\$752.36	\$75.24	\$841.88	\$84.19	\$755.36	\$75.54
Empl + Spouse	\$2,195.55	\$219.56	\$2,395.11	\$239.51	\$2,202.51	\$220.25
Empl + Child(ren)	\$1,633.21	\$163.32	\$1,832.77	\$183.28	\$1,640.17	\$164.02
Family	\$2,490.25	\$249.03	\$2,784.37	\$278.44	\$2,500.69	\$250.07
	,				,	
	HMO 20 WITH	HMO 20 WITH	HMO 20 WITH	HMO 20 WITH	HMO 20 WITH	HMO 20 WITH
	DELTA PLAN	DELTA PLAN	DELTA W/ORTHO	DELTA W/ORTHO	ANTHEM DENT	ANTHEM DENT
	2016/17 Contribution	10 Month Contribution	2016/17 Contribution	10 Month Contribution	2016/17 Contribution	10 Month Contribution
CERTIFICATED/CI		Continuation	Contribution	Continuation	Contribution	Contribution
Single	\$1,519.88	\$151.99	\$1,609.40	\$160.94	\$1,522.88	\$152.29
Empl + Spouse	\$3,768.99	\$376.90	\$3,968.55	\$396.86	\$3,775.95	\$377.60
Empl + Child(ren)	\$3,091.45	\$309.15	\$3,291.01	\$329.10	\$3,098.41	\$309.84
Family	\$4,639.33	\$463.93	\$4,933.45	\$493.35	\$4,649.77	\$464.98
		1 11 10 00 14 II T	1 11 4 C CC 14 (17)			
	HMO 30 WITH DELTA PLAN	HMO 30 WITH DELTA PLAN	HMO 30 WITH	HMO 30 WITH DELTA W/ORTHO	HMO 30 WITH ANTHEM DENT	HMO 30 WITH ANTHEM DENT
	2016/17	10 Month	2016/17	10 Month	2016/17	10 Month
	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution
CERTIFICATED/CL						
Single	\$1,018.28	\$101.83	\$1,107.80	\$110.78	\$1,021.28	\$102.13
Empl + Spouse	\$2,740.71	\$274.07	\$2,940.27	\$294.03	\$2,747.67	\$274.77
Empl + Child(ren)	\$2,138.41	\$213.84	\$2,337.97	\$233.80	\$2,145.37	\$214.54
Family	\$3,234.85	\$323.49	\$3,528.97	\$352.90	\$3,245.29	\$324.53
	HMO 40 WITH	HMO 40 WITH	HMO 40 WITH	HMO 40 WITH	HMO 40 WITH	HMO 40 WITH
	DELTA PLAN	DELTA PLAN	DELTA W/ORTHO	DELTA W/ORTHO	ANTHEM DENT	ANTHEM DENT
	2016/17	10 Month	2016/17	10 Month	2016/17	10 Month
	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution
CERTIFICATED/CL						
Single	\$285.08	\$28.51	\$374.60	\$37.46	\$288.08	\$28.81
Empl + Spouse Empl + Child(ren)	\$1,237.59 \$745.33	\$123.76 \$74.53	\$1,437.15 \$944.89	\$143.72 \$94.49	\$1,244.55 \$752.29	\$124.46 \$75.23
Family	\$1,181.89	\$118.19	\$1.476.01	\$147.60	\$1,192.33	\$119.23
i aniiiy	ψ1,101.09	ψ110.10	ψ1,770.01	Ψ177.00	ψ1,102.00	ψ.10.20
	KAISER WITH	KAISER WITH	KAISER WITH	KAISER WITH	KAISER WITH	KAISER WITH
	DELTA PLAN	DELTA PLAN	DELTA W/ORTHO	DELTA W/ORTHO	ANTHEM DENT	ANTHEM DENT
	2016/17	10 Month	2016/17	10 Month	2016/17	10 Month
CERTIFICATED OF	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution
CERTIFICATED/CL Single	ASSIFIED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Empl + Spouse	\$1,180.35	\$118.04	\$1,379.91	\$137.99	\$1,187.31	\$118.73
Empl + Child(ren)	\$445.33	\$44.53	\$644.89	\$64.49	\$452.29	\$45.23
Family	\$1,073.17	\$107.32	\$1,367.29	\$136.73	\$1,083.61	\$108.36
					,	
	KAISER LOW/W	KAISER LOW/W	KAISER LOW/W	KAISER LOW/W	KAISER LOW/W	
	DELTA PLAN	DELTA PLAN	DELTA W/ORTHO	DELTA W/ORTHO	ANTHEM DENT	ANTHEM DENT
	2016/17 Contribution	10 Month Contribution	2016/17 Contribution	10 Month Contribution	2016/17 Contribution	10 Month Contribution
CERTIFICATED/CL		CONTINUUON	CONTIDUCION	Continuation	CONTRIDUCION	Contribution
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Empl + Spouse	\$1,033.83	\$103.38	\$1,233.39	\$123.34	\$1,040.79	\$104.08
Empl + Child(ren)	\$312.01	\$31.20	\$511.57	\$51.16	\$318.97	\$31.90
Family	\$873.13	\$87.31	\$1,167.25	\$116.73	\$883.57	\$88.36
	MAINI VAN LUE VAN	MININGS	MINING ALLES	MININGS	MAINI VALUE VALUE	MININGS
	MIN VALUE W/	MIN VALUE W/	MIN VALUE W/	MIN VALUE W/	MIN VALUE W/	MIN VALUE W/
	DELTA PLAN	DELTA PLAN	DELTA W/ORTHO 2016/17	DELTA W/ORTHO 10 Month	ANTHEM DENT 2016/17	ANTHEM DENT 10 Month
			/////////	TO IVIOLITY	2010/17	I O IVIOTILIT
	2016/17	10 Month Contribution		Contribution	Contribution	Contribution
CERTIFICATED/CL	2016/17 Contribution	Contribution	Contribution	Contribution	Contribution	Contribution
CERTIFICATED/CL Single	2016/17 Contribution			Contribution \$0.00	Contribution \$0.00	Contribution \$0.00
Single Empl + Spouse	2016/17 Contribution ASSIFIED \$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Single	2016/17 Contribution _ASSIFIED \$0.00	Contribution \$0.00	Contribution \$0.00	\$0.00	\$0.00	\$0.00