

FOR CLASSIFIED EMPLOYEES ON A 12-PAY CYCLE					12 PAY CYCLE CAP ENTITLEMENT BASED ON HOURS WORKED								
					Annual District CAP - \$11,200								
					8 hrs	7.5	7 hrs	6.5 hrs	6 hrs	5.5 hrs	5 hrs	4.5hrs	4 hrs
					1	0.9375	0.875	0.8125	0.75	0.6875	0.625	0.5625	0.5
					\$933.33	\$875.00	\$816.67	\$758.33	\$700.00	\$641.67	\$583.33	\$525.00	\$466.67
MONTHLY PREMIUM BY NUMBER OF PAY CYCLES					PAYROLL DEDUCTION								
EFFECTIVE 10/01/2025													
(Proposed Premium Totals Include Medical, Dental Vision And Basic Life for all Packages)													
Medical Plan (Group #s)	DENTAL (Delta Dental OR Anthem)	Annual Cost	Monthly (Annual cost divided by 12)										
				8 hrs	7.5 hrs	7 hrs	6.5 hrs	6 hrs	5.5 hrs	5 hrs	4.5 hrs	4 hrs	
1	ABC 80-M (\$3,000 Ded/ \$40 OV/\$200/\$10-35 Rx)	Delta Dental Premier	\$17,710.20	\$1,475.85	\$542.52	\$600.85	\$659.18	\$717.52	\$775.85	\$834.18	\$892.52	\$950.85	\$1,009.18
		Delta Dental PPO	\$17,902.20	\$1,491.85	\$558.52	\$616.85	\$675.18	\$733.52	\$791.85	\$850.18	\$908.52	\$966.85	\$1,025.18
		Anthem Essential Choice	\$17,754.60	\$1,479.55	\$546.22	\$604.55	\$662.88	\$721.22	\$779.55	\$837.88	\$896.22	\$954.55	\$1,012.88
2	2-TIER HSA Single (\$5,000 Ded/30%)	Delta Dental Premier	\$10,606.20	\$883.85	\$0.00	\$8.85	\$67.18	\$125.52	\$183.85	\$242.18	\$300.52	\$358.85	\$417.18
		Delta Dental PPO	\$10,798.20	\$899.85	\$0.00	\$24.85	\$83.18	\$141.52	\$199.85	\$258.18	\$316.52	\$374.85	\$433.18
		Anthem Essential Choice	\$10,650.60	\$887.55	\$0.00	\$12.55	\$70.88	\$129.22	\$187.55	\$245.88	\$304.22	\$362.55	\$420.88
3	2-TIER HSA Single & Children (\$10000 Ded/30%)	Delta Dental Premier	\$16,090.20	\$1,340.85	\$407.52	\$465.85	\$524.18	\$582.52	\$640.85	\$699.18	\$757.52	\$815.85	\$874.18
		Delta Dental PPO	\$16,282.20	\$1,356.85	\$423.52	\$481.85	\$540.18	\$598.52	\$656.85	\$715.18	\$773.52	\$831.85	\$890.18
		Anthem Essential Choice	\$16,134.60	\$1,344.55	\$411.22	\$469.55	\$527.88	\$586.22	\$644.55	\$702.88	\$761.22	\$819.55	\$877.88
4	ANTHEM HSA Family (\$5,000 Ded/30%)	Delta Dental Premier	\$15,946.20	\$1,328.85	\$395.52	\$453.85	\$512.18	\$570.52	\$628.85	\$687.18	\$745.52	\$803.85	\$862.18
		Delta Dental PPO	\$16,138.20	\$1,344.85	\$411.52	\$469.85	\$528.18	\$586.52	\$644.85	\$703.18	\$761.52	\$819.85	\$878.18
		Anthem Essential Choice	\$15,990.60	\$1,332.55	\$399.22	\$457.55	\$515.88	\$574.22	\$632.55	\$690.88	\$749.22	\$807.55	\$865.88
5	ABC HMO Classic (\$0 Ded/ \$20 OV/ \$200/\$10-35 Rx)	Delta Dental Premier	\$22,462.20	\$1,871.85	\$938.52	\$996.85	\$1,055.18	\$1,113.52	\$1,171.85	\$1,230.18	\$1,288.52	\$1,346.85	\$1,405.18
		Delta Dental PPO	\$22,654.20	\$1,887.85	\$954.52	\$1,012.85	\$1,071.18	\$1,129.52	\$1,187.85	\$1,246.18	\$1,304.52	\$1,362.85	\$1,421.18
		Anthem Essential Choice	\$22,506.60	\$1,875.55	\$942.22	\$1,000.55	\$1,058.88	\$1,117.22	\$1,175.55	\$1,233.88	\$1,292.22	\$1,350.55	\$1,408.88
6	ABC Value Deductable (\$2000 Ded/ \$30 OV/ \$200/\$10-35 Rx)	Delta Dental Premier	\$18,550.20	\$1,545.85	\$612.52	\$670.85	\$729.18	\$787.52	\$845.85	\$904.18	\$962.52	\$1,020.85	\$1,079.18
		Delta Dental PPO	\$18,742.20	\$1,561.85	\$628.52	\$686.85	\$745.18	\$803.52	\$861.85	\$920.18	\$978.52	\$1,036.85	\$1,095.18
		Anthem Essential Choice	\$18,594.60	\$1,549.55	\$616.22	\$674.55	\$732.88	\$791.22	\$849.55	\$907.88	\$966.22	\$1,024.55	\$1,082.88
7	KAISER HMO Trad (\$0 Ded / \$30 OV/ \$30 Rx)	Delta Dental Premier	\$23,074.20	\$1,922.85	\$989.52	\$1,047.85	\$1,106.18	\$1,164.52	\$1,222.85	\$1,281.18	\$1,339.52	\$1,397.85	\$1,456.18
		Delta Dental PPO	\$23,266.20	\$1,938.85	\$1005.52	\$1,063.85	\$1,122.18	\$1,180.52	\$1,238.85	\$1,297.18	\$1,355.52	\$1,413.85	\$1,472.18
		Anthem Essential Choice	\$23,118.60	\$1,926.55	\$993.22	\$1,051.55	\$1,109.88	\$1,168.22	\$1,226.55	\$1,284.88	\$1,343.22	\$1,401.55	\$1,459.88
8	KAISER DED HMO (\$1000 Ded/ \$20 OV/ Ded HMO \$1000 Rx)	Delta Dental Premier	\$21,370.20	\$1,780.85	\$847.52	\$905.85	\$964.18	\$1,022.52	\$1,080.85	\$1,139.18	\$1,197.52	\$1,255.85	\$1,314.18
		Delta Dental PPO	\$21,562.20	\$1,796.85	\$863.52	\$921.85	\$980.18	\$1,038.52	\$1,096.85	\$1,155.18	\$1,213.52	\$1,271.85	\$1,330.18
		Anthem Essential Choice	\$21,414.60	\$1,784.55	\$851.22	\$909.55	\$967.88	\$1,026.22	\$1,084.55	\$1,142.88	\$1,201.22	\$1,259.55	\$1,317.88
9	KAISER HSA (\$3400 Ded/20%)	Delta Dental Premier	\$16,678.20	\$1,389.85	\$456.52	\$514.85	\$573.18	\$631.52	\$689.85	\$748.18	\$806.52	\$864.85	\$923.18
		Delta Dental PPO	\$16,870.20	\$1,405.85	\$472.52	\$530.85	\$589.18	\$647.52	\$705.85	\$764.18	\$822.52	\$880.85	\$939.18
		Anthem Essential Choice	\$16,722.60	\$1,393.55	\$460.22	\$518.55	\$576.88	\$635.22	\$693.55	\$751.88	\$810.22	\$868.55	\$926.88

Notes: 1) ABC = Anthem Blue Cross. 2) Dental plans are either Delta Dental or Anthem. (See benefit summaries for coverage details. 3) Vision plan offered: VSP Signature \$10 copay plan, and XP Health Vision \$10 copay plan. Rates include \$10,000 Basic Life for Classified

This rate sheet is provided for informational purposes only. Actual deductions will be based on the premium, CAP entitlement, and number of pay periods per year. Deductions may vary slightly due to rounding up or down. Employees on a 10 or 11 pay schedule may see additional adjustments if needed to ensure coverage through the month of July when no pay warrant is issued. Additional adjustments may be necessary for late enrollments or early terminations.