

Tenthly Health Benefit Deduction Costs for Certificated Staff
Rates Effective: 01/01/2024 - 12/31/2024

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Blue Shield Access+ Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 959.63	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,028.34	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 959.63	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,082.21	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 959.63	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,136.06	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,919.48	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,988.19	\$ 1,200.00	\$ 788.19	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,919.48	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,042.06	\$ 1,200.00	\$ 842.06	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,919.48	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,095.91	\$ 1,200.00	\$ 895.91	
	Employee + Family Medical, Employee Only Dental	\$ 2,495.36	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,564.07	\$ 1,200.00	\$ 1,364.07	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,495.36	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,617.94	\$ 1,200.00	\$ 1,417.94	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,495.36	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,671.79	\$ 1,200.00	\$ 1,471.79	
	Gold HMO								
	Employee Only Medical and Dental	\$ 903.80	\$ 53.83	\$ 9.18	\$ 5.70	\$ 972.51	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 903.80	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,026.38	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 903.80	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,080.23	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,807.82	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,876.53	\$ 1,200.00	\$ 676.53	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,807.82	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,930.40	\$ 1,200.00	\$ 730.40	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,807.82	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,984.25	\$ 1,200.00	\$ 784.25	
	Employee + Family Medical, Employee Only Dental	\$ 2,350.20	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,418.91	\$ 1,200.00	\$ 1,218.91	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,350.20	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,472.78	\$ 1,200.00	\$ 1,272.78	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,350.20	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,526.63	\$ 1,200.00	\$ 1,326.63	
	Silver HMO								
	Employee Only Medical and Dental	\$ 832.99	\$ 53.83	\$ 9.18	\$ 5.70	\$ 901.70	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 832.99	\$ 107.70	\$ 9.18	\$ 5.70	\$ 955.57	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 832.99	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,009.42	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,666.24	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,734.95	\$ 1,200.00	\$ 534.95	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,666.24	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,788.82	\$ 1,200.00	\$ 588.82	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,666.24	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,842.67	\$ 1,200.00	\$ 642.67	
	Employee + Family Medical, Employee Only Dental	\$ 2,166.12	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,234.83	\$ 1,200.00	\$ 1,034.83	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,166.12	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,288.70	\$ 1,200.00	\$ 1,088.70	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,166.12	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,342.55	\$ 1,200.00	\$ 1,142.55	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 753.01	\$ 53.83	\$ 9.18	\$ 5.70	\$ 821.72	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 753.01	\$ 107.70	\$ 9.18	\$ 5.70	\$ 875.59	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 753.01	\$ 161.55	\$ 9.18	\$ 5.70	\$ 929.44	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,506.24	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,574.95	\$ 1,200.00	\$ 374.95	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,506.24	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,628.82	\$ 1,200.00	\$ 428.82	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,506.24	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,682.67	\$ 1,200.00	\$ 482.67	
	Employee + Family Medical, Employee Only Dental	\$ 1,958.16	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,026.87	\$ 1,200.00	\$ 826.87	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,958.16	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,080.74	\$ 1,200.00	\$ 880.74	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,958.16	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,134.59	\$ 1,200.00	\$ 934.59	

Tenthly Health Benefit Deduction Costs for Certificated Staff
Rates Effective: 01/01/2024 - 12/31/2024

HMO - Blue Shield Trio Network	Platinum HMO							
	Employee Only Medical and Dental	\$ 815.66	\$ 53.83	\$ 9.18	\$ 5.70	\$ 884.37	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 815.66	\$ 107.70	\$ 9.18	\$ 5.70	\$ 938.24	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 815.66	\$ 161.55	\$ 9.18	\$ 5.70	\$ 992.09	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,631.53	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,700.24	\$ 1,200.00	\$ 500.24
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,631.53	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,754.11	\$ 1,200.00	\$ 554.11
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,631.53	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,807.96	\$ 1,200.00	\$ 607.96
	Employee + Family Medical, Employee Only Dental	\$ 2,121.02	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,189.73	\$ 1,200.00	\$ 989.73
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,121.02	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,243.60	\$ 1,200.00	\$ 1,043.60
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,121.02	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,297.45	\$ 1,200.00	\$ 1,097.45
	Gold HMO							
	Employee Only Medical and Dental	\$ 768.18	\$ 53.83	\$ 9.18	\$ 5.70	\$ 836.89	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 768.18	\$ 107.70	\$ 9.18	\$ 5.70	\$ 890.76	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 768.18	\$ 161.55	\$ 9.18	\$ 5.70	\$ 944.61	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,536.61	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,605.32	\$ 1,200.00	\$ 405.32
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,536.61	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,659.19	\$ 1,200.00	\$ 459.19
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,536.61	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,713.04	\$ 1,200.00	\$ 513.04
	Employee + Family Medical, Employee Only Dental	\$ 1,997.64	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,066.35	\$ 1,200.00	\$ 866.35
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,997.64	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,120.22	\$ 1,200.00	\$ 920.22
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,997.64	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,174.07	\$ 1,200.00	\$ 974.07
	Silver HMO							
	Employee Only Medical and Dental	\$ 708.02	\$ 53.83	\$ 9.18	\$ 5.70	\$ 776.73	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 708.02	\$ 107.70	\$ 9.18	\$ 5.70	\$ 830.60	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 708.02	\$ 161.55	\$ 9.18	\$ 5.70	\$ 884.45	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,416.25	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,484.96	\$ 1,200.00	\$ 284.96
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,416.25	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,538.83	\$ 1,200.00	\$ 338.83
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,416.25	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,592.68	\$ 1,200.00	\$ 392.68
	Employee + Family Medical, Employee Only Dental	\$ 1,841.17	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,909.88	\$ 1,200.00	\$ 709.88
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,841.17	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,963.75	\$ 1,200.00	\$ 763.75
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,841.17	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,017.60	\$ 1,200.00	\$ 817.60
	Bronze HMO							
	Employee Only Medical and Dental	\$ 640.04	\$ 53.83	\$ 9.18	\$ 5.70	\$ 708.75	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 640.04	\$ 107.70	\$ 9.18	\$ 5.70	\$ 762.62	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 640.04	\$ 161.55	\$ 9.18	\$ 5.70	\$ 816.47	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,280.29	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,349.00	\$ 1,200.00	\$ 149.00
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,280.29	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,402.87	\$ 1,200.00	\$ 202.87
Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,280.29	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,456.72	\$ 1,200.00	\$ 256.72	
Employee + Family Medical, Employee Only Dental	\$ 1,664.39	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,733.10	\$ 1,200.00	\$ 533.10	
Employee + Family Medical, + 1 Dental Dependent	\$ 1,664.39	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,786.97	\$ 1,200.00	\$ 586.97	
Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,664.39	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,840.82	\$ 1,200.00	\$ 640.82	

Tenthly Health Benefit Deduction Costs for Certificated Staff
Rates Effective: 01/01/2024 - 12/31/2024

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
PPO - Blue Shield Full Network	Gold PPO								
	Employee Only Medical and Dental	\$ 1,392.71	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,461.42	\$ 1,200.00	\$ 261.42	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,392.71	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,515.29	\$ 1,200.00	\$ 315.29	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,392.71	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,569.14	\$ 1,200.00	\$ 369.14	
	Employee + 1 Medical, Employee Only Dental	\$ 2,785.67	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,854.38	\$ 1,200.00	\$ 1,654.38	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,785.67	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,908.25	\$ 1,200.00	\$ 1,708.25	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,785.67	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,962.10	\$ 1,200.00	\$ 1,762.10	
	Employee + Family Medical, Employee Only Dental	\$ 3,621.42	\$ 53.83	\$ 9.18	\$ 5.70	\$ 3,690.13	\$ 1,200.00	\$ 2,490.13	
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,621.42	\$ 107.70	\$ 9.18	\$ 5.70	\$ 3,744.00	\$ 1,200.00	\$ 2,544.00	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,621.42	\$ 161.55	\$ 9.18	\$ 5.70	\$ 3,797.85	\$ 1,200.00	\$ 2,597.85	
	Silver PPO								
	Employee Only Medical and Dental	\$ 1,223.78	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,292.49	\$ 1,200.00	\$ 92.49	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,223.78	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,346.36	\$ 1,200.00	\$ 146.36	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,223.78	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,400.21	\$ 1,200.00	\$ 200.21	
	Employee + 1 Medical, Employee Only Dental	\$ 2,447.78	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,516.49	\$ 1,200.00	\$ 1,316.49	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,447.78	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,570.36	\$ 1,200.00	\$ 1,370.36	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,447.78	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,624.21	\$ 1,200.00	\$ 1,424.21	
	Employee + Family Medical, Employee Only Dental	\$ 3,182.16	\$ 53.83	\$ 9.18	\$ 5.70	\$ 3,250.87	\$ 1,200.00	\$ 2,050.87	
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,182.16	\$ 107.70	\$ 9.18	\$ 5.70	\$ 3,304.74	\$ 1,200.00	\$ 2,104.74	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,182.16	\$ 161.55	\$ 9.18	\$ 5.70	\$ 3,358.59	\$ 1,200.00	\$ 2,158.59	
	Silver Alternate PPO w/ H S A								
	Employee Only Medical and Dental	\$ 1,048.98	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,117.69	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 1,048.98	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,171.56	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,048.98	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,225.41	\$ 1,200.00	\$ 25.41	
	Employee + 1 Medical, Employee Only Dental	\$ 2,098.18	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,166.89	\$ 1,200.00	\$ 966.89	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,098.18	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,220.76	\$ 1,200.00	\$ 1,020.76	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,098.18	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,274.61	\$ 1,200.00	\$ 1,074.61	
	Employee + Family Medical, Employee Only Dental	\$ 2,727.67	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,796.38	\$ 1,200.00	\$ 1,596.38	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,727.67	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,850.25	\$ 1,200.00	\$ 1,650.25	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,727.67	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,904.10	\$ 1,200.00	\$ 1,704.10	
	Bronze PPO w/ H S A								
	Employee Only Medical and Dental	\$ 974.75	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,043.46	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 974.75	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,097.33	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 974.75	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,151.18	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,949.72	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,018.43	\$ 1,200.00	\$ 818.43	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,949.72	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,072.30	\$ 1,200.00	\$ 872.30	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,949.72	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,126.15	\$ 1,200.00	\$ 926.15	
	Employee + Family Medical, Employee Only Dental	\$ 2,534.69	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,603.40	\$ 1,200.00	\$ 1,403.40	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,534.69	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,657.27	\$ 1,200.00	\$ 1,457.27	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,534.69	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,711.12	\$ 1,200.00	\$ 1,511.12	

Tenthly Health Benefit Deduction Costs for Certificated Staff
Rates Effective: 01/01/2024 - 12/31/2024

PPO - Blue Shield Tandem Network	Gold PPO							
	Employee Only Medical and Dental	\$ 1,309.14	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,377.85	\$ 1,200.00	\$ 177.85
	Employee Only Medical, + 1 Dental Dependent	\$ 1,309.14	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,431.72	\$ 1,200.00	\$ 231.72
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,309.14	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,485.57	\$ 1,200.00	\$ 285.57
	Employee + 1 Medical, Employee Only Dental	\$ 2,618.53	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,687.24	\$ 1,200.00	\$ 1,487.24
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,618.53	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,741.11	\$ 1,200.00	\$ 1,541.11
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,618.53	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,794.96	\$ 1,200.00	\$ 1,594.96
	Employee + Family Medical, Employee Only Dental	\$ 3,404.11	\$ 53.83	\$ 9.18	\$ 5.70	\$ 3,472.82	\$ 1,200.00	\$ 2,272.82
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,404.11	\$ 107.70	\$ 9.18	\$ 5.70	\$ 3,526.69	\$ 1,200.00	\$ 2,326.69
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,404.11	\$ 161.55	\$ 9.18	\$ 5.70	\$ 3,580.54	\$ 1,200.00	\$ 2,380.54
	Silver PPO							
	Employee Only Medical and Dental	\$ 1,150.34	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,219.05	\$ 1,200.00	\$ 19.05
	Employee Only Medical, + 1 Dental Dependent	\$ 1,150.34	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,272.92	\$ 1,200.00	\$ 72.92
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,150.34	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,326.77	\$ 1,200.00	\$ 126.77
	Employee + 1 Medical, Employee Only Dental	\$ 2,300.89	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,369.60	\$ 1,200.00	\$ 1,169.60
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,300.89	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,423.47	\$ 1,200.00	\$ 1,223.47
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,300.89	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,477.32	\$ 1,200.00	\$ 1,277.32
	Employee + Family Medical, Employee Only Dental	\$ 2,991.20	\$ 53.83	\$ 9.18	\$ 5.70	\$ 3,059.91	\$ 1,200.00	\$ 1,859.91
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,991.20	\$ 107.70	\$ 9.18	\$ 5.70	\$ 3,113.78	\$ 1,200.00	\$ 1,913.78
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,991.20	\$ 161.55	\$ 9.18	\$ 5.70	\$ 3,167.63	\$ 1,200.00	\$ 1,967.63
	Silver Alternate PPO w/ H S A							
	Employee Only Medical and Dental	\$ 986.02	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,054.73	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 986.02	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,108.60	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 986.02	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,162.45	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,972.27	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,040.98	\$ 1,200.00	\$ 840.98
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,972.27	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,094.85	\$ 1,200.00	\$ 894.85
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,972.27	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,148.70	\$ 1,200.00	\$ 948.70
	Employee + Family Medical, Employee Only Dental	\$ 2,564.02	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,632.73	\$ 1,200.00	\$ 1,432.73
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,564.02	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,686.60	\$ 1,200.00	\$ 1,486.60
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,564.02	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,740.45	\$ 1,200.00	\$ 1,540.45
	Bronze PPO w/ H S A							
	Employee Only Medical and Dental	\$ 916.26	\$ 53.83	\$ 9.18	\$ 5.70	\$ 984.97	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 916.26	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,038.84	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 916.26	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,092.69	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,832.74	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,901.45	\$ 1,200.00	\$ 701.45
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,832.74	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,955.32	\$ 1,200.00	\$ 755.32
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,832.74	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,009.17	\$ 1,200.00	\$ 809.17
	Employee + Family Medical, Employee Only Dental	\$ 2,382.60	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,451.31	\$ 1,200.00	\$ 1,251.31
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,382.60	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,505.18	\$ 1,200.00	\$ 1,305.18
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,382.60	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,559.03	\$ 1,200.00	\$ 1,359.03

Tenthly Health Benefit Deduction Costs for Certificated Staff
Rates Effective: 01/01/2024 - 12/31/2024

Cost of Benefits with Delta Dental PPO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction	
HMO - Kaiser Network	Platinum HMO								
	Employee Only Medical and Dental	\$ 899.47	\$ 53.83	\$ 9.18	\$ 5.70	\$ 968.18	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 899.47	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,022.05	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 899.47	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,075.90	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,779.24	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,847.95	\$ 1,200.00	\$ 647.95	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,779.24	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,901.82	\$ 1,200.00	\$ 701.82	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,779.24	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,955.67	\$ 1,200.00	\$ 755.67	
	Employee + Family Medical, Employee Only Dental	\$ 2,307.11	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,375.82	\$ 1,200.00	\$ 1,175.82	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,307.11	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,429.69	\$ 1,200.00	\$ 1,229.69	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,307.11	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,483.54	\$ 1,200.00	\$ 1,283.54	
	Gold HMO								
	Employee Only Medical and Dental	\$ 882.32	\$ 53.83	\$ 9.18	\$ 5.70	\$ 951.03	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 882.32	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,004.90	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 882.32	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,058.75	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,744.97	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,813.68	\$ 1,200.00	\$ 613.68	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,744.97	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,867.55	\$ 1,200.00	\$ 667.55	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,744.97	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,921.40	\$ 1,200.00	\$ 721.40	
	Employee + Family Medical, Employee Only Dental	\$ 2,262.54	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,331.25	\$ 1,200.00	\$ 1,131.25	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,262.54	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,385.12	\$ 1,200.00	\$ 1,185.12	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,262.54	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,438.97	\$ 1,200.00	\$ 1,238.97	
	Silver HMO								
	Employee Only Medical and Dental	\$ 869.63	\$ 53.83	\$ 9.18	\$ 5.70	\$ 938.34	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 869.63	\$ 107.70	\$ 9.18	\$ 5.70	\$ 992.21	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 869.63	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,046.06	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,719.56	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,788.27	\$ 1,200.00	\$ 588.27	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,719.56	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,842.14	\$ 1,200.00	\$ 642.14	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,719.56	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,895.99	\$ 1,200.00	\$ 695.99	
	Employee + Family Medical, Employee Only Dental	\$ 2,229.53	\$ 53.83	\$ 9.18	\$ 5.70	\$ 2,298.24	\$ 1,200.00	\$ 1,098.24	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,229.53	\$ 107.70	\$ 9.18	\$ 5.70	\$ 2,352.11	\$ 1,200.00	\$ 1,152.11	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,229.53	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,405.96	\$ 1,200.00	\$ 1,205.96	
	Bronze HMO								
	Employee Only Medical and Dental	\$ 732.96	\$ 53.83	\$ 9.18	\$ 5.70	\$ 801.67	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 732.96	\$ 107.70	\$ 9.18	\$ 5.70	\$ 855.54	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 732.96	\$ 161.55	\$ 9.18	\$ 5.70	\$ 909.39	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,446.24	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,514.95	\$ 1,200.00	\$ 314.95	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,446.24	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,568.82	\$ 1,200.00	\$ 368.82	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,446.24	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,622.67	\$ 1,200.00	\$ 422.67	
	Employee + Family Medical, Employee Only Dental	\$ 1,874.21	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,942.92	\$ 1,200.00	\$ 742.92	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,874.21	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,996.79	\$ 1,200.00	\$ 796.79	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,874.21	\$ 161.55	\$ 9.18	\$ 5.70	\$ 2,050.64	\$ 1,200.00	\$ 850.64	
	Bronze HMO 2 w/ H S A								
	Employee Only Medical and Dental	\$ 592.78	\$ 53.83	\$ 9.18	\$ 5.70	\$ 661.49	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 592.78	\$ 107.70	\$ 9.18	\$ 5.70	\$ 715.36	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 592.78	\$ 161.55	\$ 9.18	\$ 5.70	\$ 769.21	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,165.85	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,234.56	\$ 1,200.00	\$ 34.56	
Employee + 1 Medical, + 1 Dental Dependent	\$ 1,165.85	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,288.43	\$ 1,200.00	\$ 88.43		
Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,165.85	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,342.28	\$ 1,200.00	\$ 142.28		
Employee + Family Medical, Employee Only Dental	\$ 1,509.68	\$ 53.83	\$ 9.18	\$ 5.70	\$ 1,578.39	\$ 1,200.00	\$ 378.39		
Employee + Family Medical, + 1 Dental Dependent	\$ 1,509.68	\$ 107.70	\$ 9.18	\$ 5.70	\$ 1,632.26	\$ 1,200.00	\$ 432.26		
Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,509.68	\$ 161.55	\$ 9.18	\$ 5.70	\$ 1,686.11	\$ 1,200.00	\$ 486.11		
Medical Waivers w/Delta PPO	\$ -	\$ 53.83	\$ 9.18	\$ 5.70	\$ 68.71	\$ 68.71	\$ -		

Tenthly Health Benefit Deduction Costs for Certificated Staff
Rates Effective: 01/01/2024 - 12/31/2024

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
HMO - Blue Shield Access+ Network	Platinum HMO							
	Employee Only	\$ 959.63	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,037.47	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,919.48	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,997.32	\$ 1,200.00	\$ 797.32
	Employee + Family	\$ 2,495.36	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,573.20	\$ 1,200.00	\$ 1,373.20
	Gold HMO							
	Employee Only	\$ 903.80	\$ 62.96	\$ 9.18	\$ 5.70	\$ 981.64	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,807.82	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,885.66	\$ 1,200.00	\$ 685.66
	Employee + Family	\$ 2,350.20	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,428.04	\$ 1,200.00	\$ 1,228.04
	Silver HMO							
	Employee Only	\$ 832.99	\$ 62.96	\$ 9.18	\$ 5.70	\$ 910.83	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,666.24	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,744.08	\$ 1,200.00	\$ 544.08
	Employee + Family	\$ 2,166.12	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,243.96	\$ 1,200.00	\$ 1,043.96
Bronze HMO								
Employee Only	\$ 753.01	\$ 62.96	\$ 9.18	\$ 5.70	\$ 830.85	\$ 1,200.00	\$ -	
Employee + 1	\$ 1,506.24	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,584.08	\$ 1,200.00	\$ 384.08	
Employee + Family	\$ 1,958.16	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,036.00	\$ 1,200.00	\$ 836.00	
HMO - Blue Shield Trio Network	Platinum HMO							
	Employee Only	\$ 815.66	\$ 62.96	\$ 9.18	\$ 5.70	\$ 893.50	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,631.53	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,709.37	\$ 1,200.00	\$ 509.37
	Employee + Family	\$ 2,121.02	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,198.86	\$ 1,200.00	\$ 998.86
	Gold HMO							
	Employee Only	\$ 768.18	\$ 62.96	\$ 9.18	\$ 5.70	\$ 846.02	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,536.61	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,614.45	\$ 1,200.00	\$ 414.45
	Employee + Family	\$ 1,997.64	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,075.48	\$ 1,200.00	\$ 875.48
	Silver HMO							
	Employee Only	\$ 708.02	\$ 62.96	\$ 9.18	\$ 5.70	\$ 785.86	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,416.25	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,494.09	\$ 1,200.00	\$ 294.09
	Employee + Family	\$ 1,841.17	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,919.01	\$ 1,200.00	\$ 719.01
Bronze HMO								
Employee Only	\$ 640.04	\$ 62.96	\$ 9.18	\$ 5.70	\$ 717.88	\$ 1,200.00	\$ -	
Employee + 1	\$ 1,280.29	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,358.13	\$ 1,200.00	\$ 158.13	
Employee + Family	\$ 1,664.39	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,742.23	\$ 1,200.00	\$ 542.23	

Tenthly Health Benefit Deduction Costs for Certificated Staff
Rates Effective: 01/01/2024 - 12/31/2024

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
PPO - Blue Shield Full Network	Gold PPO							
	Employee Only	\$ 1,392.71	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,470.55	\$ 1,200.00	\$ 270.55
	Employee + 1	\$ 2,785.67	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,863.51	\$ 1,200.00	\$ 1,663.51
	Employee + Family	\$ 3,621.42	\$ 62.96	\$ 9.18	\$ 5.70	\$ 3,699.26	\$ 1,200.00	\$ 2,499.26
	Silver PPO							
	Employee Only	\$ 1,223.78	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,301.62	\$ 1,200.00	\$ 101.62
	Employee + 1	\$ 2,447.78	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,525.62	\$ 1,200.00	\$ 1,325.62
	Employee + Family	\$ 3,182.16	\$ 62.96	\$ 9.18	\$ 5.70	\$ 3,260.00	\$ 1,200.00	\$ 2,060.00
	Silver Alternate PPO w/ H S A							
	Employee Only	\$ 1,048.98	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,126.82	\$ 1,200.00	\$ -
	Employee + 1	\$ 2,098.18	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,176.02	\$ 1,200.00	\$ 976.02
	Employee + Family	\$ 2,727.67	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,805.51	\$ 1,200.00	\$ 1,605.51
	Bronze PPO w/ H S A							
	Employee Only	\$ 974.75	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,052.59	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,949.72	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,027.56	\$ 1,200.00	\$ 827.56
Employee + Family	\$ 2,534.69	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,612.53	\$ 1,200.00	\$ 1,412.53	
PPO - Blue Shield Tandem Network	Gold PPO							
	Employee Only	\$ 1,309.14	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,386.98	\$ 1,200.00	\$ 186.98
	Employee + 1	\$ 2,618.53	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,696.37	\$ 1,200.00	\$ 1,496.37
	Employee + Family	\$ 3,404.11	\$ 62.96	\$ 9.18	\$ 5.70	\$ 3,481.95	\$ 1,200.00	\$ 2,281.95
	Silver PPO							
	Employee Only	\$ 1,150.34	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,228.18	\$ 1,200.00	\$ 28.18
	Employee + 1	\$ 2,300.89	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,378.73	\$ 1,200.00	\$ 1,178.73
	Employee + Family	\$ 2,991.20	\$ 62.96	\$ 9.18	\$ 5.70	\$ 3,069.04	\$ 1,200.00	\$ 1,869.04
	Silver Alternate PPO w/ H S A							
	Employee Only	\$ 986.02	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,063.86	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,972.27	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,050.11	\$ 1,200.00	\$ 850.11
	Employee + Family	\$ 2,564.02	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,641.86	\$ 1,200.00	\$ 1,441.86
	Bronze PPO w/ H S A							
	Employee Only	\$ 916.26	\$ 62.96	\$ 9.18	\$ 5.70	\$ 994.10	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,832.74	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,910.58	\$ 1,200.00	\$ 710.58
Employee + Family	\$ 2,382.60	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,460.44	\$ 1,200.00	\$ 1,260.44	

Tenthly Health Benefit Deduction Costs for Certificated Staff
Rates Effective: 01/01/2024 - 12/31/2024

Cost of Benefits with DeltaCare USA PMI/DHMO		Tenthly Medical Premium	Tenthly Dental Premium	Tenthly Vision Premium	Tenthly Life Premium	Total Tenthly Benefit Cost	Tenthly District Contribution	Employee Tenthly Payroll Deduction
HMO - Kaiser Network	Platinum HMO							
	Employee Only	\$ 899.47	\$ 62.96	\$ 9.18	\$ 5.70	\$ 977.31	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,779.24	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,857.08	\$ 1,200.00	\$ 657.08
	Employee + Family	\$ 2,307.11	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,384.95	\$ 1,200.00	\$ 1,184.95
	Gold HMO							
	Employee Only	\$ 882.32	\$ 62.96	\$ 9.18	\$ 5.70	\$ 960.16	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,744.97	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,822.81	\$ 1,200.00	\$ 622.81
	Employee + Family	\$ 2,262.54	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,340.38	\$ 1,200.00	\$ 1,140.38
	Silver HMO							
	Employee Only	\$ 869.63	\$ 62.96	\$ 9.18	\$ 5.70	\$ 947.47	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,719.56	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,797.40	\$ 1,200.00	\$ 597.40
	Employee + Family	\$ 2,229.53	\$ 62.96	\$ 9.18	\$ 5.70	\$ 2,307.37	\$ 1,200.00	\$ 1,107.37
	Bronze HMO							
	Employee Only	\$ 732.96	\$ 62.96	\$ 9.18	\$ 5.70	\$ 810.80	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,446.24	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,524.08	\$ 1,200.00	\$ 324.08
	Employee + Family	\$ 1,874.21	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,952.05	\$ 1,200.00	\$ 752.05
	Bronze HMO 2 w/ H S A							
	Employee Only	\$ 592.78	\$ 62.96	\$ 9.18	\$ 5.70	\$ 670.62	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,165.85	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,243.69	\$ 1,200.00	\$ 43.69
	Employee + Family	\$ 1,509.68	\$ 62.96	\$ 9.18	\$ 5.70	\$ 1,587.52	\$ 1,200.00	\$ 387.52
Medical Waivers w/DeltaCare USA	\$ -	\$ 62.96	\$ 9.18	\$ 5.70	\$ 77.84	\$ 77.84	\$ -	