

**Tenthly Health Benefit Deduction Costs for Classified Staff - 30 to 40 Hours Per Week,  
Confidential/Management Staff and Board Members  
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	
<b>HMO - Blue Shield Access+ Network</b>	<b>Platinum HMO</b>								
	Employee Only Medical and Dental	\$ 959.63	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,025.35	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 959.63	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,079.22	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 959.63	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,133.07	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,919.48	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,985.20	\$ 1,200.00	\$ 785.20	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,919.48	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,039.07	\$ 1,200.00	\$ 839.07	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,919.48	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,092.92	\$ 1,200.00	\$ 892.92	
	Employee + Family Medical, Employee Only Dental	\$ 2,495.36	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,561.08	\$ 1,200.00	\$ 1,361.08	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,495.36	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,614.95	\$ 1,200.00	\$ 1,414.95	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,495.36	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,668.80	\$ 1,200.00	\$ 1,468.80	
	<b>Gold HMO</b>								
	Employee Only Medical and Dental	\$ 903.80	\$ 53.83	\$ 6.19	\$ 5.70	\$ 969.52	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 903.80	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,023.39	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 903.80	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,077.24	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,807.82	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,873.54	\$ 1,200.00	\$ 673.54	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,807.82	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,927.41	\$ 1,200.00	\$ 727.41	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,807.82	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,981.26	\$ 1,200.00	\$ 781.26	
	Employee + Family Medical, Employee Only Dental	\$ 2,350.20	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,415.92	\$ 1,200.00	\$ 1,215.92	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,350.20	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,469.79	\$ 1,200.00	\$ 1,269.79	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,350.20	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,523.64	\$ 1,200.00	\$ 1,323.64	
	<b>Silver HMO</b>								
	Employee Only Medical and Dental	\$ 832.99	\$ 53.83	\$ 6.19	\$ 5.70	\$ 898.71	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 832.99	\$ 107.70	\$ 6.19	\$ 5.70	\$ 952.58	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 832.99	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,006.43	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,666.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,731.96	\$ 1,200.00	\$ 531.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,666.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,785.83	\$ 1,200.00	\$ 585.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,666.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,839.68	\$ 1,200.00	\$ 639.68	
	Employee + Family Medical, Employee Only Dental	\$ 2,166.12	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,231.84	\$ 1,200.00	\$ 1,031.84	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,166.12	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,285.71	\$ 1,200.00	\$ 1,085.71	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,166.12	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,339.56	\$ 1,200.00	\$ 1,139.56	
	<b>Bronze HMO</b>								
	Employee Only Medical and Dental	\$ 753.01	\$ 53.83	\$ 6.19	\$ 5.70	\$ 818.73	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 753.01	\$ 107.70	\$ 6.19	\$ 5.70	\$ 872.60	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 753.01	\$ 161.55	\$ 6.19	\$ 5.70	\$ 926.45	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,506.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,571.96	\$ 1,200.00	\$ 371.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,506.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,625.83	\$ 1,200.00	\$ 425.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,506.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,679.68	\$ 1,200.00	\$ 479.68	
	Employee + Family Medical, Employee Only Dental	\$ 1,958.16	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,023.88	\$ 1,200.00	\$ 823.88	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,958.16	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,077.75	\$ 1,200.00	\$ 877.75	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,958.16	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,131.60	\$ 1,200.00	\$ 931.60	

**Tenthly Health Benefit Deduction Costs for Classified Staff - 30 to 40 Hours Per Week,  
Confidential/Management Staff and Board Members  
Rates Effective: 01/01/2024 - 12/31/2024**

<b>HMO - Blue Shield Trio Network</b>	<b>Platinum HMO</b>							
	Employee Only Medical and Dental	\$ 815.66	\$ 53.83	\$ 6.19	\$ 5.70	\$ 881.38	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 815.66	\$ 107.70	\$ 6.19	\$ 5.70	\$ 935.25	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 815.66	\$ 161.55	\$ 6.19	\$ 5.70	\$ 989.10	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,631.53	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,697.25	\$ 1,200.00	\$ 497.25
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,631.53	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,751.12	\$ 1,200.00	\$ 551.12
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,631.53	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,804.97	\$ 1,200.00	\$ 604.97
	Employee + Family Medical, Employee Only Dental	\$ 2,121.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,186.74	\$ 1,200.00	\$ 986.74
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,121.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,240.61	\$ 1,200.00	\$ 1,040.61
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,121.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,294.46	\$ 1,200.00	\$ 1,094.46
	<b>Gold HMO</b>							
	Employee Only Medical and Dental	\$ 768.18	\$ 53.83	\$ 6.19	\$ 5.70	\$ 833.90	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 768.18	\$ 107.70	\$ 6.19	\$ 5.70	\$ 887.77	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 768.18	\$ 161.55	\$ 6.19	\$ 5.70	\$ 941.62	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,536.61	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,602.33	\$ 1,200.00	\$ 402.33
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,536.61	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,656.20	\$ 1,200.00	\$ 456.20
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,536.61	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,710.05	\$ 1,200.00	\$ 510.05
	Employee + Family Medical, Employee Only Dental	\$ 1,997.64	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,063.36	\$ 1,200.00	\$ 863.36
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,997.64	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,117.23	\$ 1,200.00	\$ 917.23
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,997.64	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,171.08	\$ 1,200.00	\$ 971.08
	<b>Silver HMO</b>							
	Employee Only Medical and Dental	\$ 708.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 773.74	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 708.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 827.61	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 708.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 881.46	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,416.25	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,481.97	\$ 1,200.00	\$ 281.97
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,416.25	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,535.84	\$ 1,200.00	\$ 335.84
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,416.25	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,589.69	\$ 1,200.00	\$ 389.69
	Employee + Family Medical, Employee Only Dental	\$ 1,841.17	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,906.89	\$ 1,200.00	\$ 706.89
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,841.17	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,960.76	\$ 1,200.00	\$ 760.76
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,841.17	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,014.61	\$ 1,200.00	\$ 814.61
	<b>Bronze HMO</b>							
	Employee Only Medical and Dental	\$ 640.04	\$ 53.83	\$ 6.19	\$ 5.70	\$ 705.76	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 640.04	\$ 107.70	\$ 6.19	\$ 5.70	\$ 759.63	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 640.04	\$ 161.55	\$ 6.19	\$ 5.70	\$ 813.48	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,280.29	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,346.01	\$ 1,200.00	\$ 146.01
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,280.29	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,399.88	\$ 1,200.00	\$ 199.88
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,280.29	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,453.73	\$ 1,200.00	\$ 253.73
	Employee + Family Medical, Employee Only Dental	\$ 1,664.39	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,730.11	\$ 1,200.00	\$ 530.11
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,664.39	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,783.98	\$ 1,200.00	\$ 583.98
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,664.39	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,837.83	\$ 1,200.00	\$ 637.83

**Tenthly Health Benefit Deduction Costs for Classified Staff - 30 to 40 Hours Per Week,  
Confidential/Management Staff and Board Members  
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
<b>PPO - Blue Shield Full Network</b>	<b>Gold PPO</b>							
	Employee Only Medical and Dental	\$ 1,392.71	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,458.43	\$ 1,200.00	\$ 258.43
	Employee Only Medical, + 1 Dental Dependent	\$ 1,392.71	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,512.30	\$ 1,200.00	\$ 312.30
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,392.71	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,566.15	\$ 1,200.00	\$ 366.15
	Employee + 1 Medical, Employee Only Dental	\$ 2,785.67	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,851.39	\$ 1,200.00	\$ 1,651.39
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,785.67	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,905.26	\$ 1,200.00	\$ 1,705.26
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,785.67	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,959.11	\$ 1,200.00	\$ 1,759.11
	Employee + Family Medical, Employee Only Dental	\$ 3,621.42	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,687.14	\$ 1,200.00	\$ 2,487.14
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,621.42	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,741.01	\$ 1,200.00	\$ 2,541.01
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,621.42	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,794.86	\$ 1,200.00	\$ 2,594.86
	<b>Silver PPO</b>							
	Employee Only Medical and Dental	\$ 1,223.78	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,289.50	\$ 1,200.00	\$ 89.50
	Employee Only Medical, + 1 Dental Dependent	\$ 1,223.78	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,343.37	\$ 1,200.00	\$ 143.37
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,223.78	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,397.22	\$ 1,200.00	\$ 197.22
	Employee + 1 Medical, Employee Only Dental	\$ 2,447.78	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,513.50	\$ 1,200.00	\$ 1,313.50
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,447.78	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,567.37	\$ 1,200.00	\$ 1,367.37
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,447.78	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,621.22	\$ 1,200.00	\$ 1,421.22
	Employee + Family Medical, Employee Only Dental	\$ 3,182.16	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,247.88	\$ 1,200.00	\$ 2,047.88
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,182.16	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,301.75	\$ 1,200.00	\$ 2,101.75
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,182.16	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,355.60	\$ 1,200.00	\$ 2,155.60
	<b>Silver Alternate PPO w/ H S A</b>							
	Employee Only Medical and Dental	\$ 1,048.98	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,114.70	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 1,048.98	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,168.57	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,048.98	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,222.42	\$ 1,200.00	\$ 22.42
	Employee + 1 Medical, Employee Only Dental	\$ 2,098.18	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,163.90	\$ 1,200.00	\$ 963.90
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,098.18	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,217.77	\$ 1,200.00	\$ 1,017.77
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,098.18	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,271.62	\$ 1,200.00	\$ 1,071.62
	Employee + Family Medical, Employee Only Dental	\$ 2,727.67	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,793.39	\$ 1,200.00	\$ 1,593.39
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,727.67	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,847.26	\$ 1,200.00	\$ 1,647.26
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,727.67	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,901.11	\$ 1,200.00	\$ 1,701.11
	<b>Bronze PPO w/ H S A</b>							
	Employee Only Medical and Dental	\$ 974.75	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,040.47	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 974.75	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,094.34	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 974.75	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,148.19	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,949.72	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,015.44	\$ 1,200.00	\$ 815.44
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,949.72	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,069.31	\$ 1,200.00	\$ 869.31
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,949.72	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,123.16	\$ 1,200.00	\$ 923.16
	Employee + Family Medical, Employee Only Dental	\$ 2,534.69	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,600.41	\$ 1,200.00	\$ 1,400.41
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,534.69	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,654.28	\$ 1,200.00	\$ 1,454.28
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,534.69	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,708.13	\$ 1,200.00	\$ 1,508.13

**Tenthly Health Benefit Deduction Costs for Classified Staff - 30 to 40 Hours Per Week,  
Confidential/Management Staff and Board Members  
Rates Effective: 01/01/2024 - 12/31/2024**

<b>PPO - Blue Shield Tandem Network</b>	<b>Gold PPO</b>							
	Employee Only Medical and Dental	\$ 1,309.14	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,374.86	\$ 1,200.00	\$ 174.86
	Employee Only Medical, + 1 Dental Dependent	\$ 1,309.14	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,428.73	\$ 1,200.00	\$ 228.73
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,309.14	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,482.58	\$ 1,200.00	\$ 282.58
	Employee + 1 Medical, Employee Only Dental	\$ 2,618.53	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,684.25	\$ 1,200.00	\$ 1,484.25
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,618.53	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,738.12	\$ 1,200.00	\$ 1,538.12
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,618.53	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,791.97	\$ 1,200.00	\$ 1,591.97
	Employee + Family Medical, Employee Only Dental	\$ 3,404.11	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,469.83	\$ 1,200.00	\$ 2,269.83
	Employee + Family Medical, + 1 Dental Dependent	\$ 3,404.11	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,523.70	\$ 1,200.00	\$ 2,323.70
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 3,404.11	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,577.55	\$ 1,200.00	\$ 2,377.55
	<b>Silver PPO</b>							
	Employee Only Medical and Dental	\$ 1,150.34	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,216.06	\$ 1,200.00	\$ 16.06
	Employee Only Medical, + 1 Dental Dependent	\$ 1,150.34	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,269.93	\$ 1,200.00	\$ 69.93
	Employee Only Medical, + 2 or more Dental Dependents	\$ 1,150.34	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,323.78	\$ 1,200.00	\$ 123.78
	Employee + 1 Medical, Employee Only Dental	\$ 2,300.89	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,366.61	\$ 1,200.00	\$ 1,166.61
	Employee + 1 Medical, + 1 Dental Dependent	\$ 2,300.89	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,420.48	\$ 1,200.00	\$ 1,220.48
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 2,300.89	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,474.33	\$ 1,200.00	\$ 1,274.33
	Employee + Family Medical, Employee Only Dental	\$ 2,991.20	\$ 53.83	\$ 6.19	\$ 5.70	\$ 3,056.92	\$ 1,200.00	\$ 1,856.92
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,991.20	\$ 107.70	\$ 6.19	\$ 5.70	\$ 3,110.79	\$ 1,200.00	\$ 1,910.79
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,991.20	\$ 161.55	\$ 6.19	\$ 5.70	\$ 3,164.64	\$ 1,200.00	\$ 1,964.64
	<b>Silver Alternate PPO w/ H S A</b>							
	Employee Only Medical and Dental	\$ 986.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,051.74	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 986.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,105.61	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 986.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,159.46	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,972.27	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,037.99	\$ 1,200.00	\$ 837.99
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,972.27	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,091.86	\$ 1,200.00	\$ 891.86
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,972.27	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,145.71	\$ 1,200.00	\$ 945.71
	Employee + Family Medical, Employee Only Dental	\$ 2,564.02	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,629.74	\$ 1,200.00	\$ 1,429.74
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,564.02	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,683.61	\$ 1,200.00	\$ 1,483.61
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,564.02	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,737.46	\$ 1,200.00	\$ 1,537.46
	<b>Bronze PPO w/ H S A</b>							
	Employee Only Medical and Dental	\$ 916.26	\$ 53.83	\$ 6.19	\$ 5.70	\$ 981.98	\$ 1,200.00	\$ -
	Employee Only Medical, + 1 Dental Dependent	\$ 916.26	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,035.85	\$ 1,200.00	\$ -
	Employee Only Medical, + 2 or more Dental Dependents	\$ 916.26	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,089.70	\$ 1,200.00	\$ -
	Employee + 1 Medical, Employee Only Dental	\$ 1,832.74	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,898.46	\$ 1,200.00	\$ 698.46
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,832.74	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,952.33	\$ 1,200.00	\$ 752.33
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,832.74	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,006.18	\$ 1,200.00	\$ 806.18
	Employee + Family Medical, Employee Only Dental	\$ 2,382.60	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,448.32	\$ 1,200.00	\$ 1,248.32
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,382.60	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,502.19	\$ 1,200.00	\$ 1,302.19
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,382.60	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,556.04	\$ 1,200.00	\$ 1,356.04

**Tenthly Health Benefit Deduction Costs for Classified Staff - 30 to 40 Hours Per Week,  
Confidential/Management Staff and Board Members  
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	<b>Platinum HMO</b>								
	Employee Only Medical and Dental	\$ 899.47	\$ 53.83	\$ 6.19	\$ 5.70	\$ 965.19	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 899.47	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,019.06	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 899.47	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,072.91	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,779.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,844.96	\$ 1,200.00	\$ 644.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,779.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,898.83	\$ 1,200.00	\$ 698.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,779.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,952.68	\$ 1,200.00	\$ 752.68	
	Employee + Family Medical, Employee Only Dental	\$ 2,307.11	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,372.83	\$ 1,200.00	\$ 1,172.83	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,307.11	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,426.70	\$ 1,200.00	\$ 1,226.70	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,307.11	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,480.55	\$ 1,200.00	\$ 1,280.55	
	<b>Gold HMO</b>								
	Employee Only Medical and Dental	\$ 882.32	\$ 53.83	\$ 6.19	\$ 5.70	\$ 948.04	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 882.32	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,001.91	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 882.32	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,055.76	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,744.97	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,810.69	\$ 1,200.00	\$ 610.69	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,744.97	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,864.56	\$ 1,200.00	\$ 664.56	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,744.97	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,918.41	\$ 1,200.00	\$ 718.41	
	Employee + Family Medical, Employee Only Dental	\$ 2,262.54	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,328.26	\$ 1,200.00	\$ 1,128.26	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,262.54	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,382.13	\$ 1,200.00	\$ 1,182.13	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,262.54	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,435.98	\$ 1,200.00	\$ 1,235.98	
	<b>Silver HMO</b>								
	Employee Only Medical and Dental	\$ 869.63	\$ 53.83	\$ 6.19	\$ 5.70	\$ 935.35	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 869.63	\$ 107.70	\$ 6.19	\$ 5.70	\$ 989.22	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 869.63	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,043.07	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,719.56	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,785.28	\$ 1,200.00	\$ 585.28	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,719.56	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,839.15	\$ 1,200.00	\$ 639.15	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,719.56	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,893.00	\$ 1,200.00	\$ 693.00	
	Employee + Family Medical, Employee Only Dental	\$ 2,229.53	\$ 53.83	\$ 6.19	\$ 5.70	\$ 2,295.25	\$ 1,200.00	\$ 1,095.25	
	Employee + Family Medical, + 1 Dental Dependent	\$ 2,229.53	\$ 107.70	\$ 6.19	\$ 5.70	\$ 2,349.12	\$ 1,200.00	\$ 1,149.12	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 2,229.53	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,402.97	\$ 1,200.00	\$ 1,202.97	
	<b>Bronze HMO</b>								
	Employee Only Medical and Dental	\$ 732.96	\$ 53.83	\$ 6.19	\$ 5.70	\$ 798.68	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 732.96	\$ 107.70	\$ 6.19	\$ 5.70	\$ 852.55	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 732.96	\$ 161.55	\$ 6.19	\$ 5.70	\$ 906.40	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,446.24	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,511.96	\$ 1,200.00	\$ 311.96	
	Employee + 1 Medical, + 1 Dental Dependent	\$ 1,446.24	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,565.83	\$ 1,200.00	\$ 365.83	
	Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,446.24	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,619.68	\$ 1,200.00	\$ 419.68	
	Employee + Family Medical, Employee Only Dental	\$ 1,874.21	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,939.93	\$ 1,200.00	\$ 739.93	
	Employee + Family Medical, + 1 Dental Dependent	\$ 1,874.21	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,993.80	\$ 1,200.00	\$ 793.80	
	Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,874.21	\$ 161.55	\$ 6.19	\$ 5.70	\$ 2,047.65	\$ 1,200.00	\$ 847.65	
	<b>Bronze HMO 2 w/ H S A</b>								
	Employee Only Medical and Dental	\$ 592.78	\$ 53.83	\$ 6.19	\$ 5.70	\$ 658.50	\$ 1,200.00	\$ -	
	Employee Only Medical, + 1 Dental Dependent	\$ 592.78	\$ 107.70	\$ 6.19	\$ 5.70	\$ 712.37	\$ 1,200.00	\$ -	
	Employee Only Medical, + 2 or more Dental Dependents	\$ 592.78	\$ 161.55	\$ 6.19	\$ 5.70	\$ 766.22	\$ 1,200.00	\$ -	
	Employee + 1 Medical, Employee Only Dental	\$ 1,165.85	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,231.57	\$ 1,200.00	\$ 31.57	
Employee + 1 Medical, + 1 Dental Dependent	\$ 1,165.85	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,285.44	\$ 1,200.00	\$ 85.44		
Employee + 1 Medical, + 2 or more Dental Dependents	\$ 1,165.85	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,339.29	\$ 1,200.00	\$ 139.29		
Employee + Family Medical, Employee Only Dental	\$ 1,509.68	\$ 53.83	\$ 6.19	\$ 5.70	\$ 1,575.40	\$ 1,200.00	\$ 375.40		
Employee + Family Medical, + 1 Dental Dependent	\$ 1,509.68	\$ 107.70	\$ 6.19	\$ 5.70	\$ 1,629.27	\$ 1,200.00	\$ 429.27		
Employee + Family Medical, + 2 or more Dental Dependents	\$ 1,509.68	\$ 161.55	\$ 6.19	\$ 5.70	\$ 1,683.12	\$ 1,200.00	\$ 483.12		
<b>Medical Waivers w/Delta PPO</b>	\$ -	\$ 53.83	\$ 6.19	\$ 5.70	\$ 65.72	\$ 65.72	\$ -		

**Tenthly Health Benefit Deduction Costs for Classified Staff - 30 to 40 Hours Per Week,  
Confidential/Management Staff and Board Members  
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
<b>HMO - Blue Shield Access+ Network</b>	<b>Platinum HMO</b>							
	Employee Only	\$ 959.63	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,034.48	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,919.48	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,994.33	\$ 1,200.00	\$ 794.33
	Employee + Family	\$ 2,495.36	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,570.21	\$ 1,200.00	\$ 1,370.21
	<b>Gold HMO</b>							
	Employee Only	\$ 903.80	\$ 62.96	\$ 6.19	\$ 5.70	\$ 978.65	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,807.82	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,882.67	\$ 1,200.00	\$ 682.67
	Employee + Family	\$ 2,350.20	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,425.05	\$ 1,200.00	\$ 1,225.05
	<b>Silver HMO</b>							
	Employee Only	\$ 832.99	\$ 62.96	\$ 6.19	\$ 5.70	\$ 907.84	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,666.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,741.09	\$ 1,200.00	\$ 541.09
	Employee + Family	\$ 2,166.12	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,240.97	\$ 1,200.00	\$ 1,040.97
	<b>Bronze HMO</b>							
	Employee Only	\$ 753.01	\$ 62.96	\$ 6.19	\$ 5.70	\$ 827.86	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,506.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,581.09	\$ 1,200.00	\$ 381.09
Employee + Family	\$ 1,958.16	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,033.01	\$ 1,200.00	\$ 833.01	
<b>HMO - Blue Shield Trio Network</b>	<b>Platinum HMO</b>							
	Employee Only	\$ 815.66	\$ 62.96	\$ 6.19	\$ 5.70	\$ 890.51	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,631.53	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,706.38	\$ 1,200.00	\$ 506.38
	Employee + Family	\$ 2,121.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,195.87	\$ 1,200.00	\$ 995.87
	<b>Gold HMO</b>							
	Employee Only	\$ 768.18	\$ 62.96	\$ 6.19	\$ 5.70	\$ 843.03	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,536.61	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,611.46	\$ 1,200.00	\$ 411.46
	Employee + Family	\$ 1,997.64	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,072.49	\$ 1,200.00	\$ 872.49
	<b>Silver HMO</b>							
	Employee Only	\$ 708.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 782.87	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,416.25	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,491.10	\$ 1,200.00	\$ 291.10
	Employee + Family	\$ 1,841.17	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,916.02	\$ 1,200.00	\$ 716.02
	<b>Bronze HMO</b>							
	Employee Only	\$ 640.04	\$ 62.96	\$ 6.19	\$ 5.70	\$ 714.89	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,280.29	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,355.14	\$ 1,200.00	\$ 155.14
Employee + Family	\$ 1,664.39	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,739.24	\$ 1,200.00	\$ 539.24	

**Tenthly Health Benefit Deduction Costs for Classified Staff - 30 to 40 Hours Per Week,  
Confidential/Management Staff and Board Members  
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
<b>PPO - Blue Shield Full Network</b>	<b>Gold PPO</b>							
	Employee Only	\$ 1,392.71	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,467.56	\$ 1,200.00	\$ 267.56
	Employee + 1	\$ 2,785.67	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,860.52	\$ 1,200.00	\$ 1,660.52
	Employee + Family	\$ 3,621.42	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,696.27	\$ 1,200.00	\$ 2,496.27
	<b>Silver PPO</b>							
	Employee Only	\$ 1,223.78	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,298.63	\$ 1,200.00	\$ 98.63
	Employee + 1	\$ 2,447.78	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,522.63	\$ 1,200.00	\$ 1,322.63
	Employee + Family	\$ 3,182.16	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,257.01	\$ 1,200.00	\$ 2,057.01
	<b>Silver Alternate PPO w/ H S A</b>							
	Employee Only	\$ 1,048.98	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,123.83	\$ 1,200.00	\$ -
	Employee + 1	\$ 2,098.18	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,173.03	\$ 1,200.00	\$ 973.03
	Employee + Family	\$ 2,727.67	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,802.52	\$ 1,200.00	\$ 1,602.52
	<b>Bronze PPO w/ H S A</b>							
	Employee Only	\$ 974.75	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,049.60	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,949.72	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,024.57	\$ 1,200.00	\$ 824.57
Employee + Family	\$ 2,534.69	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,609.54	\$ 1,200.00	\$ 1,409.54	
<b>PPO - Blue Shield Tandem Network</b>	<b>Gold PPO</b>							
	Employee Only	\$ 1,309.14	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,383.99	\$ 1,200.00	\$ 183.99
	Employee + 1	\$ 2,618.53	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,693.38	\$ 1,200.00	\$ 1,493.38
	Employee + Family	\$ 3,404.11	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,478.96	\$ 1,200.00	\$ 2,278.96
	<b>Silver PPO</b>							
	Employee Only	\$ 1,150.34	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,225.19	\$ 1,200.00	\$ 25.19
	Employee + 1	\$ 2,300.89	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,375.74	\$ 1,200.00	\$ 1,175.74
	Employee + Family	\$ 2,991.20	\$ 62.96	\$ 6.19	\$ 5.70	\$ 3,066.05	\$ 1,200.00	\$ 1,866.05
	<b>Silver Alternate PPO w/ H S A</b>							
	Employee Only	\$ 986.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,060.87	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,972.27	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,047.12	\$ 1,200.00	\$ 847.12
	Employee + Family	\$ 2,564.02	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,638.87	\$ 1,200.00	\$ 1,438.87
	<b>Bronze PPO w/ H S A</b>							
	Employee Only	\$ 916.26	\$ 62.96	\$ 6.19	\$ 5.70	\$ 991.11	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,832.74	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,907.59	\$ 1,200.00	\$ 707.59
Employee + Family	\$ 2,382.60	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,457.45	\$ 1,200.00	\$ 1,257.45	

**Tenthly Health Benefit Deduction Costs for Classified Staff - 30 to 40 Hours Per Week,  
Confidential/Management Staff and Board Members  
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
<b>HMO - Kaiser Network</b>	<b>Platinum HMO</b>							
	Employee Only	\$ 899.47	\$ 62.96	\$ 6.19	\$ 5.70	\$ 974.32	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,779.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,854.09	\$ 1,200.00	\$ 654.09
	Employee + Family	\$ 2,307.11	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,381.96	\$ 1,200.00	\$ 1,181.96
	<b>Gold HMO</b>							
	Employee Only	\$ 882.32	\$ 62.96	\$ 6.19	\$ 5.70	\$ 957.17	\$ 1,200.00	\$ -
	Employee + 1	\$ 13,744.97	\$ 62.96	\$ 6.19	\$ 5.70	\$ 13,819.82	\$ 1,200.00	\$ 12,619.82
	Employee + Family	\$ 2,262.54	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,337.39	\$ 1,200.00	\$ 1,137.39
	<b>Silver HMO</b>							
	Employee Only	\$ 869.63	\$ 62.96	\$ 6.19	\$ 5.70	\$ 944.48	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,719.56	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,794.41	\$ 1,200.00	\$ 594.41
	Employee + Family	\$ 2,229.53	\$ 62.96	\$ 6.19	\$ 5.70	\$ 2,304.38	\$ 1,200.00	\$ 1,104.38
	<b>Bronze HMO</b>							
	Employee Only	\$ 732.96	\$ 62.96	\$ 6.19	\$ 5.70	\$ 807.81	\$ 1,200.00	\$ -
	Employee + 1	\$ 1,446.24	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,521.09	\$ 1,200.00	\$ 321.09
	Employee + Family	\$ 1,874.21	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,949.06	\$ 1,200.00	\$ 749.06
	<b>Bronze HMO 2 w/ H S A</b>							
	Employee Only	\$ 592.78	\$ 62.96	\$ 6.19	\$ 5.70	\$ 667.63	\$ 1,200.00	\$ -
Employee + 1	\$ 1,165.85	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,240.70	\$ 1,200.00	\$ 40.70	
Employee + Family	\$ 1,509.68	\$ 62.96	\$ 6.19	\$ 5.70	\$ 1,584.53	\$ 1,200.00	\$ 384.53	
<b>Medical Waivers w/DeltaCare USA</b>	\$ -	\$ 62.96	\$ 6.19	\$ 5.70	\$ 74.85	\$ 74.85	\$ -	