

# 2019 Classified Health Insurance Payroll Deductions

## 10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                     | VEBA/United Healthcare NETWORK #1 |          |                |          |            |            |          |  |
|------|---------------------|-----------------------------------|----------|----------------|----------|------------|------------|----------|--|
| HRS/ | VUSD                | PPO DENT                          |          | HMO DENT       |          | PPO DENT   |            | HMO DENT |  |
| Day  | 10thly Contribution | EMPLOYEE ONLY                     |          | EMPLOYEE + ONE |          | FAMILY     |            |          |  |
| 8.0  | \$1,110.00          | \$308.11                          | \$228.69 | \$461.11       | \$381.69 | \$875.11   | \$795.69   |          |  |
| 7.5  | \$1,040.63          | \$377.49                          | \$298.07 | \$530.49       | \$451.07 | \$944.49   | \$865.07   |          |  |
| 7.0  | \$971.25            | \$446.86                          | \$367.44 | \$599.86       | \$520.44 | \$1,013.86 | \$934.44   |          |  |
| 6.5  | \$901.88            | \$516.24                          | \$436.82 | \$669.24       | \$589.82 | \$1,083.24 | \$1,003.82 |          |  |
| 6.0  | \$832.50            | \$585.61                          | \$506.19 | \$738.61       | \$659.19 | \$1,152.61 | \$1,073.19 |          |  |
| 5.5  | \$763.13            | \$654.99                          | \$575.57 | \$807.99       | \$728.57 | \$1,221.99 | \$1,142.57 |          |  |
| 5.0  | \$693.75            | \$724.36                          | \$644.94 | \$877.36       | \$797.94 | \$1,291.36 | \$1,211.94 |          |  |
| 4.5  | \$624.38            | \$793.74                          | \$714.32 | \$946.74       | \$867.32 | \$1,360.74 | \$1,281.32 |          |  |
| 4.0  | \$555.00            | \$863.11                          | \$783.69 | \$1,016.11     | \$936.69 | \$1,430.11 | \$1,350.69 |          |  |

## 10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                     | VEBA/United Healthcare NETWORK #2 |          |                |            |            |            |          |  |
|------|---------------------|-----------------------------------|----------|----------------|------------|------------|------------|----------|--|
| HRS/ | VUSD                | PPO DENT                          |          | HMO DENT       |            | PPO DENT   |            | HMO DENT |  |
| Day  | 10thly Contribution | EMPLOYEE ONLY                     |          | EMPLOYEE + ONE |            | FAMILY     |            |          |  |
| 8.0  | \$1,110.00          | \$426.11                          | \$346.69 | \$593.11       | \$513.69   | \$1,206.11 | \$1,126.69 |          |  |
| 7.5  | \$1,040.63          | \$495.49                          | \$416.07 | \$662.49       | \$583.07   | \$1,275.49 | \$1,196.07 |          |  |
| 7.0  | \$971.25            | \$564.86                          | \$485.44 | \$731.86       | \$652.44   | \$1,344.86 | \$1,279.44 |          |  |
| 6.5  | \$901.88            | \$634.24                          | \$554.82 | \$801.24       | \$721.82   | \$1,414.24 | \$1,334.82 |          |  |
| 6.0  | \$832.50            | \$703.61                          | \$624.19 | \$870.61       | \$791.19   | \$1,483.61 | \$1,404.19 |          |  |
| 5.5  | \$763.13            | \$772.99                          | \$693.57 | \$939.99       | \$860.57   | \$1,552.99 | \$1,473.57 |          |  |
| 5.0  | \$693.75            | \$842.36                          | \$762.94 | \$1,009.36     | \$929.94   | \$1,622.36 | \$1,542.94 |          |  |
| 4.5  | \$624.38            | \$911.74                          | \$832.32 | \$1,078.74     | \$999.32   | \$1,691.74 | \$1,612.32 |          |  |
| 4.0  | \$555.00            | \$981.11                          | \$901.69 | \$1,148.11     | \$1,068.69 | \$1,761.11 | \$1,681.69 |          |  |

## 10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                     | VEBA/United Healthcare NETWORK #3 |            |                |            |            |            |          |  |
|------|---------------------|-----------------------------------|------------|----------------|------------|------------|------------|----------|--|
| HRS/ | VUSD                | PPO DENT                          |            | HMO DENT       |            | PPO DENT   |            | HMO DENT |  |
| Day  | 10thly Contribution | EMPLOYEE ONLY                     |            | EMPLOYEE + ONE |            | FAMILY     |            |          |  |
| 8.0  | \$1,110.00          | \$687.11                          | \$607.69   | \$886.11       | \$806.69   | \$1,720.11 | \$1,640.69 |          |  |
| 7.5  | \$1,040.63          | \$756.49                          | \$677.07   | \$955.49       | \$876.07   | \$1,789.49 | \$1,710.07 |          |  |
| 7.0  | \$971.25            | \$825.86                          | \$746.44   | \$1,024.86     | \$945.44   | \$1,858.86 | \$1,779.44 |          |  |
| 6.5  | \$901.88            | \$895.24                          | \$815.82   | \$1,094.24     | \$1,014.82 | \$1,928.24 | \$1,848.82 |          |  |
| 6.0  | \$832.50            | \$964.61                          | \$885.19   | \$1,163.61     | \$1,084.19 | \$1,997.61 | \$1,918.19 |          |  |
| 5.5  | \$763.13            | \$1,033.99                        | \$954.57   | \$1,232.99     | \$1,153.57 | \$2,066.99 | \$1,987.57 |          |  |
| 5.0  | \$693.75            | \$1,103.36                        | \$1,023.94 | \$1,302.36     | \$1,222.94 | \$2,136.36 | \$2,056.94 |          |  |
| 4.5  | \$624.38            | \$1,172.74                        | \$1,093.32 | \$1,371.74     | \$1,292.32 | \$2,205.74 | \$2,126.32 |          |  |
| 4.0  | \$555.00            | \$1,242.11                        | \$1,162.69 | \$1,441.11     | \$1,361.69 | \$2,275.11 | \$2,195.69 |          |  |

## 10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                  | KAISER HIGH   |          |                |          |            |            |          |  |
|------|------------------|---------------|----------|----------------|----------|------------|------------|----------|--|
| HRS/ | VUSD             | PPO DENT      |          | HMO DENT       |          | PPO DENT   |            | HMO DENT |  |
| Day  | Cap Contribution | EMPLOYEE ONLY |          | EMPLOYEE + ONE |          | FAMILY     |            |          |  |
| 8.0  | \$1,110.00       | \$0.00        | \$0.00   | \$271.11       | \$191.69 | \$689.11   | \$609.69   |          |  |
| 7.5  | \$1,040.63       | \$18.48       | \$0.00   | \$340.49       | \$261.07 | \$758.49   | \$679.07   |          |  |
| 7.0  | \$971.25         | \$87.86       | \$8.43   | \$409.86       | \$330.44 | \$827.86   | \$748.44   |          |  |
| 6.5  | \$901.88         | \$157.24      | \$77.81  | \$479.24       | \$399.82 | \$897.24   | \$817.82   |          |  |
| 6.0  | \$832.50         | \$226.61      | \$147.19 | \$548.61       | \$469.19 | \$966.61   | \$887.19   |          |  |
| 5.5  | \$763.13         | \$295.99      | \$216.57 | \$617.99       | \$538.57 | \$1,035.99 | \$956.57   |          |  |
| 5.0  | \$693.75         | \$365.36      | \$285.94 | \$687.36       | \$607.94 | \$1,105.36 | \$1,025.94 |          |  |
| 4.5  | \$624.38         | \$434.74      | \$355.32 | \$756.74       | \$677.32 | \$1,174.74 | \$1,095.32 |          |  |
| 4.0  | \$555.00         | \$504.11      | \$424.69 | \$826.11       | \$746.69 | \$1,244.11 | \$1,164.69 |          |  |

## 10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                     | KAISER LOW    |          |                |          |            |            |          |  |
|------|---------------------|---------------|----------|----------------|----------|------------|------------|----------|--|
| HRS/ | VUSD                | PPO DENT      |          | HMO DENT       |          | PPO DENT   |            | HMO DENT |  |
| Day  | 10thly Contribution | EMPLOYEE ONLY |          | EMPLOYEE + ONE |          | FAMILY     |            |          |  |
| 8.0  | \$1,110.00          | \$0.00        | \$0.00   | \$252.11       | \$172.69 | \$666.11   | \$586.69   |          |  |
| 7.5  | \$1,040.63          | \$0.00        | \$0.00   | \$321.49       | \$242.07 | \$735.49   | \$656.07   |          |  |
| 7.0  | \$971.25            | \$74.86       | \$0.00   | \$390.86       | \$311.44 | \$804.86   | \$725.44   |          |  |
| 6.5  | \$901.88            | \$144.24      | \$64.81  | \$460.24       | \$380.82 | \$874.24   | \$794.82   |          |  |
| 6.0  | \$832.50            | \$213.61      | \$134.19 | \$529.61       | \$450.19 | \$943.61   | \$864.19   |          |  |
| 5.5  | \$763.13            | \$282.99      | \$203.57 | \$598.99       | \$519.57 | \$1,012.99 | \$933.57   |          |  |
| 5.0  | \$693.75            | \$352.36      | \$272.94 | \$668.36       | \$588.94 | \$1,082.36 | \$1,002.94 |          |  |
| 4.5  | \$624.38            | \$421.74      | \$342.32 | \$737.74       | \$658.32 | \$1,151.74 | \$1,072.32 |          |  |
| 4.0  | \$555.00            | \$491.11      | \$411.69 | \$807.11       | \$727.69 | \$1,221.11 | \$1,141.69 |          |  |

2019 Classified Health Insurance Payroll Deductions

**MEDICAL/LIFE ONLY (NO DENTAL OR VISION COVERAGE) 2 YEAR WAIVER**

10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                     | VEBA/United Healthcare NETWORK #1 |                   |                   |
|------|---------------------|-----------------------------------|-------------------|-------------------|
| HRS/ | VUSD                | MEDICAL/LIFE ONLY                 | MEDICAL/LIFE ONLY | MEDICAL/LIFE ONLY |
| Day  | 10thly Contribution | EMPLOYEE ONLY                     | EMPLOYEE + ONE    | FAMILY            |
| 8.0  | \$1,110.00          | \$180.63                          | \$333.63          | \$747.63          |
| 7.5  | \$1,040.63          | \$250.01                          | \$403.01          | \$817.01          |
| 7.0  | \$971.25            | \$319.38                          | \$472.38          | \$886.38          |
| 6.5  | \$901.88            | \$388.76                          | \$541.76          | \$955.76          |
| 6.0  | \$832.50            | \$458.13                          | \$611.13          | \$1,025.13        |
| 5.5  | \$763.13            | \$527.51                          | \$680.51          | \$1,094.51        |
| 5.0  | \$693.75            | \$596.88                          | \$749.88          | \$1,163.88        |
| 4.5  | \$624.38            | \$666.26                          | \$819.26          | \$1,233.26        |
| 4.0  | \$555.00            | \$735.63                          | \$888.63          | \$1,302.63        |

10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                     | VEBA/United Healthcare NETWORK #2 |                   |                   |
|------|---------------------|-----------------------------------|-------------------|-------------------|
| HRS/ | VUSD                | MEDICAL/LIFE ONLY                 | MEDICAL/LIFE ONLY | MEDICAL/LIFE ONLY |
| Day  | 10thly Contribution | EMPLOYEE ONLY                     | EMPLOYEE + ONE    | FAMILY            |
| 8.0  | \$1,110.00          | \$298.63                          | \$465.63          | \$1,078.63        |
| 7.5  | \$1,040.63          | \$368.01                          | \$535.01          | \$1,148.01        |
| 7.0  | \$971.25            | \$437.38                          | \$604.38          | \$1,217.38        |
| 6.5  | \$901.88            | \$506.76                          | \$673.76          | \$1,286.76        |
| 6.0  | \$832.50            | \$576.13                          | \$743.13          | \$1,356.13        |
| 5.5  | \$763.13            | \$645.51                          | \$812.51          | \$1,425.51        |
| 5.0  | \$693.75            | \$714.88                          | \$881.88          | \$1,494.88        |
| 4.5  | \$624.38            | \$784.26                          | \$951.26          | \$1,564.26        |
| 4.0  | \$555.00            | \$853.63                          | \$1,020.63        | \$1,633.63        |

10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                     | VEBA/United Healthcare NETWORK #3 |                   |                   |
|------|---------------------|-----------------------------------|-------------------|-------------------|
| HRS/ | VUSD                | MEDICAL/LIFE ONLY                 | MEDICAL/LIFE ONLY | MEDICAL/LIFE ONLY |
| Day  | 10thly Contribution | EMPLOYEE ONLY                     | EMPLOYEE + ONE    | FAMILY            |
| 8.0  | \$1,110.00          | \$559.63                          | \$758.63          | \$1,592.63        |
| 7.5  | \$1,040.63          | \$629.01                          | \$828.01          | \$1,662.01        |
| 7.0  | \$971.25            | \$698.38                          | \$897.38          | \$1,731.38        |
| 6.5  | \$901.88            | \$767.76                          | \$966.76          | \$1,800.76        |
| 6.0  | \$832.50            | \$837.13                          | \$1,036.13        | \$1,870.13        |
| 5.5  | \$763.13            | \$906.51                          | \$1,105.51        | \$1,939.51        |
| 5.0  | \$693.75            | \$975.88                          | \$1,174.88        | \$2,008.88        |
| 4.5  | \$624.38            | \$1,045.26                        | \$1,244.26        | \$2,078.26        |
| 4.0  | \$555.00            | \$1,114.63                        | \$1,313.63        | \$2,147.63        |

10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                  | KAISER HIGH       |                   |                   |
|------|------------------|-------------------|-------------------|-------------------|
| HRS/ | VUSD             | MEDICAL/LIFE ONLY | MEDICAL/LIFE ONLY | MEDICAL/LIFE ONLY |
| Day  | Cap Contribution | EMPLOYEE ONLY     | EMPLOYEE + ONE    | FAMILY            |
| 8.0  | \$1,110.00       | \$0.00            | \$143.63          | \$561.63          |
| 7.5  | \$1,040.63       | \$0.00            | \$213.01          | \$631.01          |
| 7.0  | \$971.25         | \$0.00            | \$282.38          | \$700.38          |
| 6.5  | \$901.88         | \$29.75           | \$351.76          | \$769.76          |
| 6.0  | \$832.50         | \$99.13           | \$421.13          | \$839.13          |
| 5.5  | \$763.13         | \$168.51          | \$490.51          | \$908.51          |
| 5.0  | \$693.75         | \$237.88          | \$559.88          | \$977.88          |
| 4.5  | \$624.38         | \$307.26          | \$629.26          | \$1,047.26        |
| 4.0  | \$555.00         | \$376.63          | \$698.63          | \$1,116.63        |

10-PAY EMPLOYEE PAYROLL DEDUCTIONS

|      |                     | KAISER LOW        |                   |                   |
|------|---------------------|-------------------|-------------------|-------------------|
| HRS/ | VUSD                | MEDICAL/LIFE ONLY | MEDICAL/LIFE ONLY | MEDICAL/LIFE ONLY |
| Day  | 10thly Contribution | EMPLOYEE ONLY     | EMPLOYEE + ONE    | FAMILY            |
| 8.0  | \$1,110.00          | \$0.00            | \$124.63          | \$538.63          |
| 7.5  | \$1,040.63          | \$0.00            | \$194.01          | \$608.01          |
| 7.0  | \$971.25            | \$0.00            | \$263.38          | \$677.38          |
| 6.5  | \$901.88            | \$16.75           | \$332.76          | \$746.76          |
| 6.0  | \$832.50            | \$86.13           | \$402.13          | \$816.13          |
| 5.5  | \$763.13            | \$155.51          | \$471.51          | \$885.51          |
| 5.0  | \$693.75            | \$224.88          | \$540.88          | \$954.88          |
| 4.5  | \$624.38            | \$294.26          | \$610.26          | \$1,024.26        |
| 4.0  | \$555.00            | \$363.63          | \$679.63          | \$1,093.63        |