

**Tenthly Health Benefit Deduction Costs for Classified Staff - 20 to 29 Hours Per Week**  
**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                | \$ 1,020.00                   | \$ 5.35                            |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 959.63               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,079.22                | \$ 1,020.00                   | \$ 59.22                           |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 959.63               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,133.07                | \$ 1,020.00                   | \$ 113.07                          |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,919.48             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,985.20                | \$ 1,020.00                   | \$ 965.20                          |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,919.48             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,039.07                | \$ 1,020.00                   | \$ 1,019.07                        |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,919.48             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,092.92                | \$ 1,020.00                   | \$ 1,072.92                        |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 2,495.36             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,561.08                | \$ 1,020.00                   | \$ 1,541.08                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,495.36             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,614.95                | \$ 1,020.00                   | \$ 1,594.95                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,495.36             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,668.80                | \$ 1,020.00                   | \$ 1,648.80                        |  |
|  | <b>Gold HMO</b>  |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 903.80               | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 969.52                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 903.80               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,023.39                | \$ 1,020.00                   | \$ 3.39                            |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 903.80               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,077.24                | \$ 1,020.00                   | \$ 57.24                           |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,807.82             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,873.54                | \$ 1,020.00                   | \$ 853.54                          |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,807.82             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,927.41                | \$ 1,020.00                   | \$ 907.41                          |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,807.82             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,981.26                | \$ 1,020.00                   | \$ 961.26                          |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 2,350.20             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,415.92                | \$ 1,020.00                   | \$ 1,395.92                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,350.20             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,469.79                | \$ 1,020.00                   | \$ 1,449.79                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,350.20             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,523.64                | \$ 1,020.00                   | \$ 1,503.64                        |  |
|  | <b>Silver HMO</b>  |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 832.99               | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 898.71                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 832.99               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 952.58                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 832.99               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,006.43                | \$ 1,020.00                   | \$ -                               |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,666.24             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,731.96                | \$ 1,020.00                   | \$ 711.96                          |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,666.24             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,785.83                | \$ 1,020.00                   | \$ 765.83                          |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,666.24             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,839.68                | \$ 1,020.00                   | \$ 819.68                          |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 2,166.12             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,231.84                | \$ 1,020.00                   | \$ 1,211.84                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,166.12             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,285.71                | \$ 1,020.00                   | \$ 1,265.71                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,166.12             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,339.56                | \$ 1,020.00                   | \$ 1,319.56                        |  |
|  | <b>Bronze HMO</b>  |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 753.01               | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 818.73                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 753.01               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 872.60                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 753.01               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 926.45                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,506.24             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,571.96                | \$ 1,020.00                   | \$ 551.96                          |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,506.24             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,625.83                | \$ 1,020.00                   | \$ 605.83                          |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,506.24             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,679.68                | \$ 1,020.00                   | \$ 659.68                          |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 1,958.16             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,023.88                | \$ 1,020.00                   | \$ 1,003.88                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 1,958.16             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,077.75                | \$ 1,020.00                   | \$ 1,057.75                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 1,958.16             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,131.60                | \$ 1,020.00                   | \$ 1,111.60                        |  |

**Tenthly Health Benefit Deduction Costs for Classified Staff - 20 to 29 Hours Per Week**  
**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   | \$ 1,020.00 | \$ -        |
|                                       | Employee Only Medical, + 1 Dental Dependent              | \$ 815.66   | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 935.25   | \$ 1,020.00 | \$ -        |
|                                       | Employee Only Medical, + 2 or more Dental Dependents     | \$ 815.66   | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 989.10   | \$ 1,020.00 | \$ -        |
|                                       | Employee + 1 Medical, Employee Only Dental               | \$ 1,631.53 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 1,697.25 | \$ 1,020.00 | \$ 677.25   |
|                                       | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,631.53 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,751.12 | \$ 1,020.00 | \$ 731.12   |
|                                       | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,631.53 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 1,804.97 | \$ 1,020.00 | \$ 784.97   |
|                                       | Employee + Family Medical, Employee Only Dental          | \$ 2,121.02 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 2,186.74 | \$ 1,020.00 | \$ 1,166.74 |
|                                       | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,121.02 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 2,240.61 | \$ 1,020.00 | \$ 1,220.61 |
|                                       | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,121.02 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 2,294.46 | \$ 1,020.00 | \$ 1,274.46 |
|                                       | <b>Gold HMO</b>  |             |           |         |         |             |             |             |
|                                       | Employee Only Medical and Dental                         | \$ 768.18   | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 833.90   | \$ 1,020.00 | \$ -        |
|                                       | Employee Only Medical, + 1 Dental Dependent              | \$ 768.18   | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 887.77   | \$ 1,020.00 | \$ -        |
|                                       | Employee Only Medical, + 2 or more Dental Dependents     | \$ 768.18   | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 941.62   | \$ 1,020.00 | \$ -        |
|                                       | Employee + 1 Medical, Employee Only Dental               | \$ 1,536.61 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 1,602.33 | \$ 1,020.00 | \$ 582.33   |
|                                       | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,536.61 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,656.20 | \$ 1,020.00 | \$ 636.20   |
|                                       | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,536.61 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 1,710.05 | \$ 1,020.00 | \$ 690.05   |
|                                       | Employee + Family Medical, Employee Only Dental          | \$ 1,997.64 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 2,063.36 | \$ 1,020.00 | \$ 1,043.36 |
|                                       | Employee + Family Medical, + 1 Dental Dependent          | \$ 1,997.64 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 2,117.23 | \$ 1,020.00 | \$ 1,097.23 |
|                                       | Employee + Family Medical, + 2 or more Dental Dependents | \$ 1,997.64 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 2,171.08 | \$ 1,020.00 | \$ 1,151.08 |
|                                       | <b>Silver HMO</b>  |             |           |         |         |             |             |             |
|                                       | Employee Only Medical and Dental                         | \$ 708.02   | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 773.74   | \$ 1,020.00 | \$ -        |
|                                       | Employee Only Medical, + 1 Dental Dependent              | \$ 708.02   | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 827.61   | \$ 1,020.00 | \$ -        |
|                                       | Employee Only Medical, + 2 or more Dental Dependents     | \$ 708.02   | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 881.46   | \$ 1,020.00 | \$ -        |
|                                       | Employee + 1 Medical, Employee Only Dental               | \$ 1,416.25 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 1,481.97 | \$ 1,020.00 | \$ 461.97   |
|                                       | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,416.25 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,535.84 | \$ 1,020.00 | \$ 515.84   |
|                                       | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,416.25 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 1,589.69 | \$ 1,020.00 | \$ 569.69   |
|                                       | Employee + Family Medical, Employee Only Dental          | \$ 1,841.17 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 1,906.89 | \$ 1,020.00 | \$ 886.89   |
|                                       | Employee + Family Medical, + 1 Dental Dependent          | \$ 1,841.17 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,960.76 | \$ 1,020.00 | \$ 940.76   |
|                                       | Employee + Family Medical, + 2 or more Dental Dependents | \$ 1,841.17 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 2,014.61 | \$ 1,020.00 | \$ 994.61   |
|                                       | <b>Bronze HMO</b>  |             |           |         |         |             |             |             |
|                                       | Employee Only Medical and Dental                         | \$ 640.04   | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 705.76   | \$ 1,020.00 | \$ -        |
|                                       | Employee Only Medical, + 1 Dental Dependent              | \$ 640.04   | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 759.63   | \$ 1,020.00 | \$ -        |
|                                       | Employee Only Medical, + 2 or more Dental Dependents     | \$ 640.04   | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 813.48   | \$ 1,020.00 | \$ -        |
|                                       | Employee + 1 Medical, Employee Only Dental               | \$ 1,280.29 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 1,346.01 | \$ 1,020.00 | \$ 326.01   |
|                                       | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,280.29 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,399.88 | \$ 1,020.00 | \$ 379.88   |
|                                       | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,280.29 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 1,453.73 | \$ 1,020.00 | \$ 433.73   |
|                                       | Employee + Family Medical, Employee Only Dental          | \$ 1,664.39 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 1,730.11 | \$ 1,020.00 | \$ 710.11   |
|                                       | Employee + Family Medical, + 1 Dental Dependent          | \$ 1,664.39 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,783.98 | \$ 1,020.00 | \$ 763.98   |
|                                       | Employee + Family Medical, + 2 or more Dental Dependents | \$ 1,664.39 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 1,837.83 | \$ 1,020.00 | \$ 817.83   |

**Tenthly Health Benefit Deduction Costs for Classified Staff - 20 to 29 Hours Per Week**  
**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                | \$ 1,020.00                   | \$ 438.43                          |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 1,392.71             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,512.30                | \$ 1,020.00                   | \$ 492.30                          |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 1,392.71             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,566.15                | \$ 1,020.00                   | \$ 546.15                          |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 2,785.67             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,851.39                | \$ 1,020.00                   | \$ 1,831.39                        |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 2,785.67             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,905.26                | \$ 1,020.00                   | \$ 1,885.26                        |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 2,785.67             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,959.11                | \$ 1,020.00                   | \$ 1,939.11                        |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 3,621.42             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 3,687.14                | \$ 1,020.00                   | \$ 2,667.14                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 3,621.42             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 3,741.01                | \$ 1,020.00                   | \$ 2,721.01                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 3,621.42             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 3,794.86                | \$ 1,020.00                   | \$ 2,774.86                        |  |
|  | <b>Silver PPO</b>  |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 1,223.78             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,289.50                | \$ 1,020.00                   | \$ 269.50                          |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 1,223.78             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,343.37                | \$ 1,020.00                   | \$ 323.37                          |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 1,223.78             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,397.22                | \$ 1,020.00                   | \$ 377.22                          |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 2,447.78             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,513.50                | \$ 1,020.00                   | \$ 1,493.50                        |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 2,447.78             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,567.37                | \$ 1,020.00                   | \$ 1,547.37                        |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 2,447.78             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,621.22                | \$ 1,020.00                   | \$ 1,601.22                        |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 3,182.16             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 3,247.88                | \$ 1,020.00                   | \$ 2,227.88                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 3,182.16             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 3,301.75                | \$ 1,020.00                   | \$ 2,281.75                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 3,182.16             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 3,355.60                | \$ 1,020.00                   | \$ 2,335.60                        |  |
|  | <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                | \$ 1,020.00                   | \$ 94.70                           |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 1,048.98             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,168.57                | \$ 1,020.00                   | \$ 148.57                          |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 1,048.98             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,222.42                | \$ 1,020.00                   | \$ 202.42                          |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 2,098.18             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,163.90                | \$ 1,020.00                   | \$ 1,143.90                        |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 2,098.18             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,217.77                | \$ 1,020.00                   | \$ 1,197.77                        |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 2,098.18             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,271.62                | \$ 1,020.00                   | \$ 1,251.62                        |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 2,727.67             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,793.39                | \$ 1,020.00                   | \$ 1,773.39                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,727.67             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,847.26                | \$ 1,020.00                   | \$ 1,827.26                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,727.67             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,901.11                | \$ 1,020.00                   | \$ 1,881.11                        |  |
|  | <b>Bronze PPO w/ H S A</b>                               |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 974.75               | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,040.47                | \$ 1,020.00                   | \$ 20.47                           |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 974.75               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,094.34                | \$ 1,020.00                   | \$ 74.34                           |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 974.75               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,148.19                | \$ 1,020.00                   | \$ 128.19                          |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,949.72             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,015.44                | \$ 1,020.00                   | \$ 995.44                          |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,949.72             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,069.31                | \$ 1,020.00                   | \$ 1,049.31                        |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,949.72             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,123.16                | \$ 1,020.00                   | \$ 1,103.16                        |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 2,534.69             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,600.41                | \$ 1,020.00                   | \$ 1,580.41                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,534.69             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,654.28                | \$ 1,020.00                   | \$ 1,634.28                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,534.69             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,708.13                | \$ 1,020.00                   | \$ 1,688.13                        |  |

**Tenthly Health Benefit Deduction Costs for Classified Staff - 20 to 29 Hours Per Week**  
**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 | \$ 1,020.00 | \$ 354.86   |
|   | Employee Only Medical, + 1 Dental Dependent              | \$ 1,309.14 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,428.73 | \$ 1,020.00 | \$ 408.73   |
|   | Employee Only Medical, + 2 or more Dental Dependents     | \$ 1,309.14 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 1,482.58 | \$ 1,020.00 | \$ 462.58   |
|   | Employee + 1 Medical, Employee Only Dental               | \$ 2,618.53 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 2,684.25 | \$ 1,020.00 | \$ 1,664.25 |
|   | Employee + 1 Medical, + 1 Dental Dependent               | \$ 2,618.53 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 2,738.12 | \$ 1,020.00 | \$ 1,718.12 |
|   | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 2,618.53 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 2,791.97 | \$ 1,020.00 | \$ 1,771.97 |
|   | Employee + Family Medical, Employee Only Dental          | \$ 3,404.11 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 3,469.83 | \$ 1,020.00 | \$ 2,449.83 |
|   | Employee + Family Medical, + 1 Dental Dependent          | \$ 3,404.11 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 3,523.70 | \$ 1,020.00 | \$ 2,503.70 |
|   | Employee + Family Medical, + 2 or more Dental Dependents | \$ 3,404.11 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 3,577.55 | \$ 1,020.00 | \$ 2,557.55 |
|   | <b>Silver PPO</b>  |             |           |         |         |             |             |             |
|   | Employee Only Medical and Dental                         | \$ 1,150.34 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 1,216.06 | \$ 1,020.00 | \$ 196.06   |
|   | Employee Only Medical, + 1 Dental Dependent              | \$ 1,150.34 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,269.93 | \$ 1,020.00 | \$ 249.93   |
|   | Employee Only Medical, + 2 or more Dental Dependents     | \$ 1,150.34 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 1,323.78 | \$ 1,020.00 | \$ 303.78   |
|   | Employee + 1 Medical, Employee Only Dental               | \$ 2,300.89 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 2,366.61 | \$ 1,020.00 | \$ 1,346.61 |
|   | Employee + 1 Medical, + 1 Dental Dependent               | \$ 2,300.89 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 2,420.48 | \$ 1,020.00 | \$ 1,400.48 |
|   | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 2,300.89 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 2,474.33 | \$ 1,020.00 | \$ 1,454.33 |
|   | Employee + Family Medical, Employee Only Dental          | \$ 2,991.20 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 3,056.92 | \$ 1,020.00 | \$ 2,036.92 |
|   | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,991.20 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 3,110.79 | \$ 1,020.00 | \$ 2,090.79 |
|   | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,991.20 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 3,164.64 | \$ 1,020.00 | \$ 2,144.64 |
|   | <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 | \$ 1,020.00 | \$ 31.74    |
|   | Employee Only Medical, + 1 Dental Dependent              | \$ 986.02   | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,105.61 | \$ 1,020.00 | \$ 85.61    |
|   | Employee Only Medical, + 2 or more Dental Dependents     | \$ 986.02   | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 1,159.46 | \$ 1,020.00 | \$ 139.46   |
|   | Employee + 1 Medical, Employee Only Dental               | \$ 1,972.27 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 2,037.99 | \$ 1,020.00 | \$ 1,017.99 |
|   | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,972.27 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 2,091.86 | \$ 1,020.00 | \$ 1,071.86 |
|   | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,972.27 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 2,145.71 | \$ 1,020.00 | \$ 1,125.71 |
|   | Employee + Family Medical, Employee Only Dental          | \$ 2,564.02 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 2,629.74 | \$ 1,020.00 | \$ 1,609.74 |
|   | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,564.02 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 2,683.61 | \$ 1,020.00 | \$ 1,663.61 |
|   | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,564.02 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 2,737.46 | \$ 1,020.00 | \$ 1,717.46 |
|   | <b>Bronze PPO w/ H S A</b>                               |             |           |         |         |             |             |             |
|   | Employee Only Medical and Dental                         | \$ 916.26   | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 981.98   | \$ 1,020.00 | \$ -        |
|   | Employee Only Medical, + 1 Dental Dependent              | \$ 916.26   | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,035.85 | \$ 1,020.00 | \$ 15.85    |
|   | Employee Only Medical, + 2 or more Dental Dependents     | \$ 916.26   | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 1,089.70 | \$ 1,020.00 | \$ 69.70    |
|   | Employee + 1 Medical, Employee Only Dental               | \$ 1,832.74 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 1,898.46 | \$ 1,020.00 | \$ 878.46   |
|   | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,832.74 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 1,952.33 | \$ 1,020.00 | \$ 932.33   |
|   | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,832.74 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 2,006.18 | \$ 1,020.00 | \$ 986.18   |
|   | Employee + Family Medical, Employee Only Dental          | \$ 2,382.60 | \$ 53.83  | \$ 6.19 | \$ 5.70 | \$ 2,448.32 | \$ 1,020.00 | \$ 1,428.32 |
|   | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,382.60 | \$ 107.70 | \$ 6.19 | \$ 5.70 | \$ 2,502.19 | \$ 1,020.00 | \$ 1,482.19 |
|   | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,382.60 | \$ 161.55 | \$ 6.19 | \$ 5.70 | \$ 2,556.04 | \$ 1,020.00 | \$ 1,536.04 |

**Tenthly Health Benefit Deduction Costs for Classified Staff - 20 to 29 Hours Per Week**  
**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 - Kaiser Network</b>                              | <b>Platinum HMO</b>                                      |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 899.47               | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 965.19                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 899.47               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,019.06                | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 899.47               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,072.91                | \$ 1,020.00                   | \$ 52.91                           |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,779.24             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,844.96                | \$ 1,020.00                   | \$ 824.96                          |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,779.24             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,898.83                | \$ 1,020.00                   | \$ 878.83                          |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,779.24             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,952.68                | \$ 1,020.00                   | \$ 932.68                          |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 2,307.11             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,372.83                | \$ 1,020.00                   | \$ 1,352.83                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,307.11             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,426.70                | \$ 1,020.00                   | \$ 1,406.70                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,307.11             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,480.55                | \$ 1,020.00                   | \$ 1,460.55                        |  |
|  | <b>Gold HMO</b>  |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 882.32               | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 948.04                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 882.32               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,001.91                | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 882.32               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,055.76                | \$ 1,020.00                   | \$ 35.76                           |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,744.97             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,810.69                | \$ 1,020.00                   | \$ 790.69                          |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,744.97             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,864.56                | \$ 1,020.00                   | \$ 844.56                          |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,744.97             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,918.41                | \$ 1,020.00                   | \$ 898.41                          |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 2,262.54             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,328.26                | \$ 1,020.00                   | \$ 1,308.26                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,262.54             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,382.13                | \$ 1,020.00                   | \$ 1,362.13                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,262.54             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,435.98                | \$ 1,020.00                   | \$ 1,415.98                        |  |
|  | <b>Silver HMO</b>  |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 869.63               | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 935.35                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 869.63               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 989.22                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 869.63               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,043.07                | \$ 1,020.00                   | \$ 23.07                           |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,719.56             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,785.28                | \$ 1,020.00                   | \$ 765.28                          |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,719.56             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,839.15                | \$ 1,020.00                   | \$ 819.15                          |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,719.56             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,893.00                | \$ 1,020.00                   | \$ 873.00                          |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 2,229.53             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 2,295.25                | \$ 1,020.00                   | \$ 1,275.25                        |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 2,229.53             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 2,349.12                | \$ 1,020.00                   | \$ 1,329.12                        |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 2,229.53             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,402.97                | \$ 1,020.00                   | \$ 1,382.97                        |  |
|  | <b>Bronze HMO</b>  |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 732.96               | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 798.68                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 732.96               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 852.55                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 732.96               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 906.40                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,446.24             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,511.96                | \$ 1,020.00                   | \$ 491.96                          |  |
|  | Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,446.24             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,565.83                | \$ 1,020.00                   | \$ 545.83                          |  |
|  | Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,446.24             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 1,619.68                | \$ 1,020.00                   | \$ 599.68                          |  |
|  | Employee + Family Medical, Employee Only Dental          | \$ 1,874.21             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,939.93                | \$ 1,020.00                   | \$ 919.93                          |  |
|  | Employee + Family Medical, + 1 Dental Dependent          | \$ 1,874.21             | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 1,993.80                | \$ 1,020.00                   | \$ 973.80                          |  |
|  | Employee + Family Medical, + 2 or more Dental Dependents | \$ 1,874.21             | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 2,047.65                | \$ 1,020.00                   | \$ 1,027.65                        |  |
|  | <b>Bronze HMO 2 w/ H S A</b>                             |                         |                        |                        |                      |                            |                               |                                    |  |
|  | Employee Only Medical and Dental                         | \$ 592.78               | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 658.50                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 1 Dental Dependent              | \$ 592.78               | \$ 107.70              | \$ 6.19                | \$ 5.70              | \$ 712.37                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee Only Medical, + 2 or more Dental Dependents     | \$ 592.78               | \$ 161.55              | \$ 6.19                | \$ 5.70              | \$ 766.22                  | \$ 1,020.00                   | \$ -                               |  |
|  | Employee + 1 Medical, Employee Only Dental               | \$ 1,165.85             | \$ 53.83               | \$ 6.19                | \$ 5.70              | \$ 1,231.57                | \$ 1,020.00                   | \$ 211.57                          |  |
| Employee + 1 Medical, + 1 Dental Dependent               | \$ 1,165.85  | \$ 107.70               | \$ 6.19                | \$ 5.70                | \$ 1,285.44          | \$ 1,020.00                | \$ 265.44                     |                                    |  |
| Employee + 1 Medical, + 2 or more Dental Dependents      | \$ 1,165.85  | \$ 161.55               | \$ 6.19                | \$ 5.70                | \$ 1,339.29          | \$ 1,020.00                | \$ 319.29                     |                                    |  |
| Employee + Family Medical, Employee Only Dental          | \$ 1,509.68  | \$ 53.83                | \$ 6.19                | \$ 5.70                | \$ 1,575.40          | \$ 1,020.00                | \$ 555.40                     |                                    |  |
| Employee + Family Medical, + 1 Dental Dependent          | \$ 1,509.68  | \$ 107.70               | \$ 6.19                | \$ 5.70                | \$ 1,629.27          | \$ 1,020.00                | \$ 609.27                     |                                    |  |
| Employee + Family Medical, + 2 or more Dental Dependents | \$ 1,509.68  | \$ 161.55               | \$ 6.19                | \$ 5.70                | \$ 1,683.12          | \$ 1,020.00                | \$ 663.12                     |                                    |  |
| <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 - 20 to 29 Hours Per Week**  
**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            | <b>Platinum HMO</b> |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only       | \$ 959.63               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,034.48                | \$ 1,020.00                   | \$ 14.48                           |
|  | Employee + 1        | \$ 1,919.48             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,994.33                | \$ 1,020.00                   | \$ 974.33                          |
|  | Employee + Family   | \$ 2,495.36             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,570.21                | \$ 1,020.00                   | \$ 1,550.21                        |
|  | <b>Gold HMO</b>     |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only       | \$ 903.80               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 978.65                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1        | \$ 1,807.82             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,882.67                | \$ 1,020.00                   | \$ 862.67                          |
|  | Employee + Family   | \$ 2,350.20             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,425.05                | \$ 1,020.00                   | \$ 1,405.05                        |
|  | <b>Silver HMO</b>   |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only       | \$ 832.99               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 907.84                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1        | \$ 1,666.24             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,741.09                | \$ 1,020.00                   | \$ 721.09                          |
|  | Employee + Family   | \$ 2,166.12             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,240.97                | \$ 1,020.00                   | \$ 1,220.97                        |
|  | <b>Bronze HMO</b>   |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only       | \$ 753.01               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 827.86                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1        | \$ 1,506.24             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,581.09                | \$ 1,020.00                   | \$ 561.09                          |
| Employee + Family                            | \$ 1,958.16         | \$ 62.96                | \$ 6.19                | \$ 5.70                | \$ 2,033.01          | \$ 1,020.00                | \$ 1,013.01                   |                                    |
| HMO - Blue Shield Trio Network               | <b>Platinum HMO</b> |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only       | \$ 815.66               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 890.51                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1        | \$ 1,631.53             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,706.38                | \$ 1,020.00                   | \$ 686.38                          |
|  | Employee + Family   | \$ 2,121.02             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,195.87                | \$ 1,020.00                   | \$ 1,175.87                        |
|  | <b>Gold HMO</b>     |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only       | \$ 768.18               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 843.03                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1        | \$ 1,536.61             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,611.46                | \$ 1,020.00                   | \$ 591.46                          |
|  | Employee + Family   | \$ 1,997.64             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,072.49                | \$ 1,020.00                   | \$ 1,052.49                        |
|  | <b>Silver HMO</b>   |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only       | \$ 708.02               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 782.87                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1        | \$ 1,416.25             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,491.10                | \$ 1,020.00                   | \$ 471.10                          |
|  | Employee + Family   | \$ 1,841.17             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,916.02                | \$ 1,020.00                   | \$ 896.02                          |
|  | <b>Bronze HMO</b>   |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only       | \$ 640.04               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 714.89                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1        | \$ 1,280.29             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,355.14                | \$ 1,020.00                   | \$ 335.14                          |
| Employee + Family                            | \$ 1,664.39         | \$ 62.96                | \$ 6.19                | \$ 5.70                | \$ 1,739.24          | \$ 1,020.00                | \$ 719.24                     |                                    |

**Tenthly Health Benefit Deduction Costs for Classified Staff - 20 to 29 Hours Per Week**  
**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               | <b>Gold PPO</b>                      |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                        | \$ 1,392.71             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,467.56                | \$ 1,020.00                   | \$ 447.56                          |
|  | Employee + 1                         | \$ 2,785.67             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,860.52                | \$ 1,020.00                   | \$ 1,840.52                        |
|  | Employee + Family                    | \$ 3,621.42             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 3,696.27                | \$ 1,020.00                   | \$ 2,676.27                        |
|  | <b>Silver PPO</b>                    |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                        | \$ 1,223.78             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,298.63                | \$ 1,020.00                   | \$ 278.63                          |
|  | Employee + 1                         | \$ 2,447.78             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,522.63                | \$ 1,020.00                   | \$ 1,502.63                        |
|  | Employee + Family                    | \$ 3,182.16             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 3,257.01                | \$ 1,020.00                   | \$ 2,237.01                        |
|  | <b>Silver Alternate PPO w/ H S A</b> |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                        | \$ 1,048.98             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,123.83                | \$ 1,020.00                   | \$ 103.83                          |
|  | Employee + 1                         | \$ 2,098.18             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,173.03                | \$ 1,020.00                   | \$ 1,153.03                        |
|  | Employee + Family                    | \$ 2,727.67             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,802.52                | \$ 1,020.00                   | \$ 1,782.52                        |
|  | <b>Bronze PPO w/ H S A</b>           |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                        | \$ 974.75               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,049.60                | \$ 1,020.00                   | \$ 29.60                           |
|  | Employee + 1                         | \$ 1,949.72             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,024.57                | \$ 1,020.00                   | \$ 1,004.57                        |
| Employee + Family                            | \$ 2,534.69                          | \$ 62.96                | \$ 6.19                | \$ 5.70                | \$ 2,609.54          | \$ 1,020.00                | \$ 1,589.54                   |                                    |
| PPO - Blue Shield Tandem Network             | <b>Gold PPO</b>                      |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                        | \$ 1,309.14             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,383.99                | \$ 1,020.00                   | \$ 363.99                          |
|  | Employee + 1                         | \$ 2,618.53             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,693.38                | \$ 1,020.00                   | \$ 1,673.38                        |
|  | Employee + Family                    | \$ 3,404.11             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 3,478.96                | \$ 1,020.00                   | \$ 2,458.96                        |
|  | <b>Silver PPO</b>                    |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                        | \$ 1,150.34             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,225.19                | \$ 1,020.00                   | \$ 205.19                          |
|  | Employee + 1                         | \$ 2,300.89             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,375.74                | \$ 1,020.00                   | \$ 1,355.74                        |
|  | Employee + Family                    | \$ 2,991.20             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 3,066.05                | \$ 1,020.00                   | \$ 2,046.05                        |
|  | <b>Silver Alternate PPO w/ H S A</b> |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                        | \$ 986.02               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,060.87                | \$ 1,020.00                   | \$ 40.87                           |
|  | Employee + 1                         | \$ 1,972.27             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,047.12                | \$ 1,020.00                   | \$ 1,027.12                        |
|  | Employee + Family                    | \$ 2,564.02             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,638.87                | \$ 1,020.00                   | \$ 1,618.87                        |
|  | <b>Bronze PPO w/ H S A</b>           |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                        | \$ 916.26               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 991.11                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1                         | \$ 1,832.74             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,907.59                | \$ 1,020.00                   | \$ 887.59                          |
| Employee + Family                            | \$ 2,382.60                          | \$ 62.96                | \$ 6.19                | \$ 5.70                | \$ 2,457.45          | \$ 1,020.00                | \$ 1,437.45                   |                                    |

**Tenthly Health Benefit Deduction Costs for Classified Staff - 20 to 29 Hours Per Week**  
**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                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1                 | \$ 1,779.24             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,854.09                | \$ 1,020.00                   | \$ 834.09                          |
|  | Employee + Family            | \$ 2,307.11             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,381.96                | \$ 1,020.00                   | \$ 1,361.96                        |
|  | <b>Gold HMO</b>              |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                | \$ 882.32               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 957.17                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1                 | \$ 1,744.97             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,819.82                | \$ 1,020.00                   | \$ 799.82                          |
|  | Employee + Family            | \$ 2,262.54             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,337.39                | \$ 1,020.00                   | \$ 1,317.39                        |
|  | <b>Silver HMO</b>            |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                | \$ 869.63               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 944.48                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1                 | \$ 1,719.56             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,794.41                | \$ 1,020.00                   | \$ 774.41                          |
|  | Employee + Family            | \$ 2,229.53             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 2,304.38                | \$ 1,020.00                   | \$ 1,284.38                        |
|  | <b>Bronze HMO</b>            |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                | \$ 732.96               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 807.81                  | \$ 1,020.00                   | \$ -                               |
|  | Employee + 1                 | \$ 1,446.24             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,521.09                | \$ 1,020.00                   | \$ 501.09                          |
|  | Employee + Family            | \$ 1,874.21             | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 1,949.06                | \$ 1,020.00                   | \$ 929.06                          |
|  | <b>Bronze HMO 2 w/ H S A</b> |                         |                        |                        |                      |                            |                               |                                    |
|  | Employee Only                | \$ 592.78               | \$ 62.96               | \$ 6.19                | \$ 5.70              | \$ 667.63                  | \$ 1,020.00                   | \$ -                               |
| Employee + 1                                 | \$ 1,165.85                  | \$ 62.96                | \$ 6.19                | \$ 5.70                | \$ 1,240.70          | \$ 1,020.00                | \$ 220.70                     |                                    |
| Employee + Family                            | \$ 1,509.68                  | \$ 62.96                | \$ 6.19                | \$ 5.70                | \$ 1,584.53          | \$ 1,020.00                | \$ 564.53                     |                                    |
| <b>Medical Waivers w/DeltaCare USA</b>       | \$ -                         | \$ 62.96                | \$ 6.19                | \$ 5.70                | \$ 74.85             | \$ 74.85                   | \$ -                          |                                    |