

12-Month Deductions			
Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser Senior Advantage H	łMO		
Retiree Only	\$285.85	\$142.93	\$142.93
Retiree + 1	\$571.70	\$142.93	\$428.77
Delta Dental			
Retiree Only	\$56.59	\$0.00	\$56.59
Retiree + 1	\$113.17	\$0.00	\$113.17
Family	\$160.14	\$0.00	\$160.14
VSP Vision Plan			
Retiree Only	\$9.35	\$0.00	\$9.35
Retiree + 1	\$18.70	\$0.00	\$18.70
Family	\$32.55	\$0.00	\$32.55
Sun Life Plan			
Retiree Only	\$1.80	\$0.00	\$1.80
Retiree + 1	\$2.28	\$0.00	\$2.28

**All Futuris /Health Compare Plan Memebers: The rate sheet reflects contribution to your Sterling HRA

