EMPLOYEE PER CHECK

<u>Health Assistant</u>	HIGH DED	HIGH DED	HIGH DED	DENTAL	VEBA/HSA* District Contribution			
DEDUCTIBLE	# of Deductions	<u>5,000/10,000</u>	<u>2,600/5,200</u>	<u>1,200/2,400</u>	INS.	<u>HIGH DED*</u> 5,000/10,000	<u>HIGH DED</u> 2,600/5,200	<u>HIGH DED</u> 1,200/2,400
Health Assistant	26							
Employee		25.27	96.77	170.12	6.31	1,500.00	1,300.00	1,000.00
Employee +1		159.12	307.85	454.69		2,600.00	2,300.00	2,000.00
Family		416.00	636.27	848.96		2,600.00	2,300.00	2,000.00
Health Assistant	18							
Employee		36.50	139.78	245.72	9.11	1,500.00	1,300.00	1,000.00
Employee +1		229.83	444.67	656.78		2,600.00	2,300.00	2,000.00
Family		600.89	919.06	1226.28		2,600.00	2,300.00	2,000.00

<u>BENEFITS</u> 7/1/2020