

BEFORE TAX DEDUCTIONS

Medical Deduction:

\$ 250.00	Kaiser - EE + 1 (Certificated/APSM)
\$ 270.00	Aetna Value Network - EE + 1 (Certificated/APSM)
\$ 360.00	Kaiser - EE + Family (Certificated/APSM)
\$ 380.00	Aetna Value Network - EE + Family (Certificated/APSM)
\$ 547.88	Kaiser - EE Only (Classified)
\$ 609.98	Aetna Full Network - EE Only (Certificated/APSM)
\$ 698.82	Aetna OAMC - EE Only (Certificated/APSM)
\$ 739.91	Aetna Value Network - EE Only (Classified)
\$ 1,066.04	Kaiser - EE + 1 (Classified)
\$ 1,349.89	Aetna Full Network - EE Only (Classified)
\$ 1,438.73	Aetna OAMC - EE Only (Classified)
\$ 1,460.80	Kaiser - EE + Family (Classified)
\$ 1,581.45	Aetna Full Network - EE + 1 (Certificated/APSM)
\$ 1,590.73	Aetna Value Network - EE + 1 (Classified)
\$ 1,708.25	Aetna OAMC - EE + 1 (Certificated/APSM)
\$ 2,179.00	Aetna Full Network - EE + Family (Certificated/APSM)
\$ 2,182.74	Aetna Value Network - EE + Family (Classified)
\$ 2,353.40	Aetna OAMC - EE + Family (Certificated/APSM)
\$ 2,902.18	Aetna Full Network - EE + 1 (Classified)
\$ 3,028.98	Aetna OAMC - EE + 1 (Classified)
\$ 3,982.10	Aetna Full Network - EE + Family (Classified)
\$ 4,156.14	Aetna OAMC - EE + Family (Classified)

Dental Deduction:

\$ 72.04	Dental - EE Only (Classified)
\$ 77.25	Dental - EE + 1 (Certificated/APSM)
\$ 149.29	Dental - EE + 1 (Classified)
\$ 150.33	Dental - EE + Family (Certificated/APSM)
\$ 222.37	Dental - EE + Family (Classified)

Vision Deduction:

\$ 6.25	Vision - EE + 1 (Certificated/APSM)
\$ 7.01	Vision - EE Only (Classified)
\$ 8.86	Vision - EE + Family (Certificated/APSM)
\$ 13.26	Vision - EE + 1 (Classified)
\$ 15.87	Vision - EE + Family (Classified)

Prescription Deduction:

\$ 133.69	Rx - EE Only (Classified)
\$ 275.18	Rx - EE + 1 (Classified)
\$ 397.19	Rx - EE + Family (Classified)

Med Eye Services Admin Fee EE

\$ 1.50	Classified elected medical and electing vision
\$ 1.50	Certificated/APSM opting out of medical and electing vision

PSEA Group 1 & 2 District Contribution was \$1,007.99 which included the Mandatory Life Insurance of \$2.08 as Employee Paid. This is now an Employer Paid Deduction, so the District Contribution has been reduced by \$2.08 changing the CFC max amount to \$1,005.91.

Café Plan Cash	CFC	District Contribution towards Health & Welfare Benefits -or- Opt Out Cash to Warrant
Café Plan Cash 2	CF2	Premuim Supplement towards Health & Welfare Benefits
Café Plan Cash 3	CF3	Hourly Teacher Stipend towards Health & Welfare Benefits

Maximum Cash Back for PSEA Group 1 Members: **\$290.40**

Maximum Cash Back for PSEA Group 2 Members (formally SEIU): **\$350.00**

Excess Discretionaty funds if any will equal:

(CFC + CF2 or CF3) minus (All Before Tax Benefit Deductions including MES Admin Fee if EE paid)

Example 1:

Café Cash	\$	1,005.91	Aetna	\$	739.91
Café Cash 2	\$	135.00	Rx	\$	133.69
Total Discretionary Funds	\$	1,140.91	Dental	\$	72.04
			Vision	\$	7.01
			61MESE	\$	1.50
			Total Benefit Deductions	\$	954.15

Total Discretionary Funds	\$	1,140.91	
Total Benefit Deductions -	\$	954.15	
Excess Disrectionary Funds	\$	186.76	<-- Amount becomes taxable income

Example 2:

Patty Payroll (PSEA Group 1 Member) elected Kaiser - EE Only, Dental - EE Only, Vision - EE Only

Café Cash	\$	918.83	<-- Reduced to	Kaiser	\$	547.88
Café Cash 2	\$	-	adjust for max	Rx	\$	-
Total Discretionary Funds	\$	918.83	cash back	Dental	\$	72.04
				Vision	\$	7.01
				61MESE	\$	1.50
				Total Benefit Deductions	\$	628.43

Total Discretionary Funds	\$	918.83	
Total Benefit Deductions -	\$	628.43	
Excess Disrectionary Funds	\$	290.40	<-- Amount becomes taxable income

*Gross Earnings will include any CFC, CF2, & CF3 amounts so they will no longer see a separate line item for the excess discretionary funds.