

**BENEFIT COST SCHEDULE
CHOICES CHARTER
Amounts shown tenthly**

1/1/2024 - 12/31/2024

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,028.38	\$1,028.38	\$0.00
	Employee + one	\$2,056.76	\$1,799.67	\$257.09
	Family	\$2,910.32	\$2,439.84	\$470.48
WESTERN HEALTH ADVANTAGE	Employee Only	\$867.42	\$867.42	\$0.00
	Employee + one	\$1,729.31	\$1,513.84	\$215.47
	Family	\$2,591.16	\$2,160.23	\$430.93
Waiver of medical insurance* Employee receives as cash			\$140.00	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$71.00	\$0.00
	Employee + one	\$136.00	\$71.00	\$65.00
	Family	\$208.00	\$71.00	\$137.00
DELTA CARE	Family	\$62.64	\$62.64	\$0.00
VISION				
VSP	Employee	\$9.07	\$9.07	\$0.00
VSP Voluntary Buy Up	Employee	\$11.32	\$9.07	\$2.25
	Employee + one	\$25.56	\$9.07	\$16.49
	Family	\$41.15	\$9.07	\$32.08
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.35	\$14.35	\$0.00
\$25,000	Supplemental	\$5.00	\$0.00	\$5.00
\$50,000	Supplemental	\$10.00	\$0.00	\$10.00
\$75,000	Supplemental	\$15.00	\$0.00	\$15.00
\$100,000	Supplemental	\$20.00	\$0.00	\$20.00
\$1,500	Dep. Coverage	\$0.54	\$0.00	\$0.54
\$10,000	Dep. Coverage	\$3.60	\$0.00	\$3.60

* The waiver option is only available for medical insurance. Must provide proof of other non-Exchange coverage