



Melissa Bassanelli
Superintendent of Schools

Business Support Services
Purchasing Department

Questions, Answers, and Clarifications to RFQ 26-101 Benefits Consulting

1. With the RFQ due on November 3 and responses to these questions scheduled to be posted on or before October 29, there will be limited time to incorporate feedback, print, and ship multiple copies for Monday delivery. Will the district consider extending the submission deadline to allow adequate time for these final steps?

No

2. Under section II. GENERAL INSTRUCTIONS, the RFP explains, "Statements of Qualifications are limited to 30 pages, excluding cover and index tabs." Can you please clarify if the 30-page limit also excludes exhibit/examples we may want to include to accompany our responses? Additionally, does the 30-page limit include the required Attachment A and other forms at the end of the RFQ?

The 30 page limit does not include any exhibits or examples. The limit does NOT include Attachment A or the forms at the end of the RFQ.

3. Can you confirm that we need to respond to all Sections A-K, including Section I (the RFQ/RFP Protest)?

Sections A-K should have a response or acknowledgment where applicable.

4. Will the final proposals be shared and/or publicly available? And if so, will we be provided the opportunity to redact/remove any confidential/proprietary information?

Proposals will be shared upon public request. Yes, Proprietary sections – carrier negotiations, private client info, or rate structure models may be redacted before release.

5. Why is the District going out to bid at this time?

The District is going out to bid at this time to ensure transparency, competitiveness, and fiscal responsibility in the procurement process.

6. What are the top 3 Health and Benefit issues facing the District?

Increase in Employee Premiums, Plan Sustainability and Employee Engagement, Employee Wellness and Preventative Care

7. Are there any current issues with service or consulting that the District is looking to improve?

No

8. How does SJUSD currently measure success in its benefits program? cost trend, member experience, labor satisfaction, or budget predictability?

All of the above

9. What is the anticipated term of the contract?

1 year with potential 1 year extensions for a total of 5 years.

10. What role do you see your broker playing in wellness, behavioral health, and post-65 retiree strategy over the next three years?

A strategic partner helping the district align its health and benefits programs with long-term goals for employee well-being, financial sustainability and compliance.

11. What is the current method of compensation to current Broker/Consultant (i.e. fees, commissions, or a combination of both, etc.)?

Fee

12. What was the total annual compensation amount paid to the current Broker/Consultant in 2024?

\$210,000

13. How many employees, by tier, are enrolled in each of the medical plans?

Plan	EO	E+1	Family	In District Family
Kaiser	1827	530	878	87
WHA	597	231	382	24

14. On page 6, under III. OVERVIEW, item i) B. For your vision plan, is VSP provided directly or through a pool? If it is provided through a pool, which one?

Directly

15. On page 6, under III. OVERVIEW, item i) C. For your Life Insurance plan, is it provided directly or through a pool? **Directly** If it is provided through a pool, which one?

Directly

16. What is the current **monthly premium** the District pays for each plan, by carrier?

- Kaiser
- WHA
- Delta Dental
- VSP
- Reliance Standard

See attached Cost Sheets

17. Are any of the District's plans self-funded? If so, please describe.

Yes, Delta Dental PPO through SISC.

18. Does the District currently have a Benefits Committee? If so, please describe the role of the committee and consultant/broker expectations with regards to this committee, including the anticipated number of meetings in each calendar year.

Yes, the District currently has a Benefits Committee that serves as an advisory body to review, discuss, and provide recommendations on employee benefits programs and related initiatives. The committee is composed of representatives from various employee groups, management, and Human Resources. The role of the committee is to:

- Review plan performance, utilization, and cost trends;**
- Evaluate potential changes or enhancements to benefits offerings;**
- Promote employee education and engagement in health and wellness programs; and**

- **Ensure that benefits decisions align with the District's goals for fiscal responsibility and employee well-being.**
 - **The consultant/broker's role with this committee includes providing data analysis, benchmarking, and strategic recommendations to support informed decision-making. The broker is also expected to assist with communication strategies, compliance updates, and vendor performance reviews.**
 - **The committee typically meets three to four times per calendar year, with additional meetings scheduled as needed to address renewal discussions, plan design changes, or emerging issues.**
19. Does the District currently participate in any wellness programs or initiatives? If so, please describe.
The district conducts 3 or 4 wellness program challenges a year for the employees to participate in.
20. Does the District have a Wellness Committee?
Yes, the district has a benefits committee of 5-7 people representing different areas of the district. Currently, the committee meets once a quarter to discuss wellness challenges and other initiatives to encourage wellness. The broker would be conducting the meetings and assisting with the implementation of the wellness challenges.
21. How are you currently tracking employee participation or ROI from wellness or mental-health initiatives? Please describe.
We utilize reports from our wellness challenges and our EAP Program.
22. Over the past three renewal cycles, how have your premiums and contributions trended year-over-year and what levers have been most effective in controlling costs across your Kaiser and Western Health plans?
They have increased each year.
23. What type of ongoing reporting do you expect from your consultant? Please describe the type and frequency of reports you are currently receiving.
We value ongoing communication and expect detailed progress reports that summarize key activities, results, and next steps. We're open to adjusting the format and timing based on project needs and the consultant's recommendations.
24. We noticed the 2025 guide references the American Fidelity Aferroll system. Are you currently satisfied with how it supports your enrollment needs, or are you considering any vendor changes or service enhancements in the future?
Our focus is on maintaining an efficient and user-friendly enrollment experience. We routinely assess our technology and vendor relationships as part of our ongoing improvement process, and we'll continue to explore opportunities that best serve our employees and operational goals.
25. Does the District handle COBRA in-house or utilize a third party? If COBRA services are outsourced, please name the vendor used and confirm if the current broker/consultant is paying for this service.
COBRA is currently being done in-house, but potentially could move to a third party.
26. How does the District manage ACA tracking and reporting? Do you utilize a third-party vendor or manage in-house? If you use a vendor, please name the vendor.
ACA is currently managed in-house.
27. Does the District have an established Benefits communication strategy? If so, what does the strategy entail?
The district does have an established communication plan, which includes a combination of communications methods and tools such as

- a. **Annual Open enrollment materials that outline plan options, costs, and key changes**
 - b. **Digital Resources, including online benefits portal and informational emails**
 - c. **Targeted communications throughout the year focused on wellness programs**
 - d. **Collaboration with our broker/consultant to ensure messages are clear, consistent, and compliant with all regulations.**
28. Will the Broker/Consultant be responsible for drafting open enrollment materials and other participant communications? **Yes** will the printing and mailing of these materials be required under this contract? **No**
29. How many meetings would the selected Broker/Consultant need to attend during a twelve-month period, and are the meetings with staff with the Board, or with employee groups?
The Broker/Consultant will be responsible for attending all scheduled Joint Benefits Committee (JBC) and Wellness Committee meetings throughout the year.
Joint Benefits Committee (JBC) Meetings: These meetings are held approximately one to two times per calendar quarter and include representatives from the District and employer/labor groups. Discussions typically focus on benefit renewals, plan performance, and other benefits-related matters.
Wellness Committee Meetings: The Broker/Consultant will also attend Wellness Committee meetings, which occur approximately one to two times per quarter. These meetings involve selected staff members who collaborate on wellness initiatives and program planning.
Additional meetings may be scheduled on an as-needed basis to address specific projects, renewal processes, or emerging issues.
30. What are the planned major activities for the upcoming plan year?
Our focus is on maintaining an efficient and user-friendly enrollment experience. We continue to explore opportunities that best serve our employees and operational goals.
31. Are there any issues the District is experiencing with any of its incumbent insurance carriers?
None
32. Can you confirm that the District is direct with Kaiser and Western Health? **Direct** Has the District participated in any pools for medical in the past?
No
33. What goal(s) is the District hoping to achieve through this RFP? Is this RFP part of the District's procurement requirements?
The District is going out to bid at this time to ensure transparency, competitiveness, and fiscal responsibility in the procurement process.
34. What are the major areas of focus in the District benefits programs in the next 3-5 years?
Our focus is on maintaining an efficient and user-friendly enrollment experience. We continue to explore opportunities that best serve our employees and operational goals.
35. What are the primary challenges the District is facing with its current benefit offering?
Increase in Employee Premiums, Plan Sustainability and Employee Engagement, Employee Wellness and Preventative Care
36. Who is the District's current benefits consultant?
Gallagher
37. What is the current consultant's compensation? Fee How is the consultant paid? Direct with the District on a fee basis, commissions from the carriers, or both?
Direct with the District on a fee basis.
38. Please confirm whether the District would prefer a flat fee basis and commission based contract to be shown on the cost proposal with a not to exceed amount?

Please show both options on the cost proposal.

39. How long has the District worked with their current benefits consultant?

10+ years

40. Are there any issues or concerns that the District is experiencing with current benefits consultant?

No

41. Are there any services that the current benefits consultant pays for on behalf of the District? If so, please provide a list of the services covered and the cost associated.

No

42. Does the District have a Wellness Committee? If so, how long has it been in place?

Yes, the district has a wellness committee of 5-7 people representing different areas of the district. Currently, the committee meets once a quarter to discuss wellness challenges and other initiatives to encourage wellness. The broker would be conducting the meetings and assisting with the implementation of the wellness challenges.

43. What wellness programs does the District offer? How have these programs impacted your medical costs?

District conducts 3 or 4 wellness program challenges a year for the employees to participate in.

44. On average, how many in-person meetings take place each year, in which the benefits consultant would participate in?

The committee typically meets three to four times per calendar year, with additional meetings scheduled as needed to address renewal discussions, plan design changes, or emerging issues.

45. Could you please clarify whether the 30-page limit (Section II General Instructions) applies to the entire response, including attachments and appendix items? Or is the 30-page limit applicable to the Firm Qualifications response (Section V.B)? We want to ensure our response provides the level of detail needed to address the District's requirements.

The 30 page limit does not include any exhibits or examples. The limit does NOT include Attachment A or the forms at the end of the RFQ.

46. Given the quick turnaround between question submission and the due date, is the District willing to extend the due date by 1 week?

No

47. Insurance Requirements – What are San Juan USD's requirements for Professional and Cyber Liabilities?

Please see attached Insurance Requirements

48. What is the current contract amount for the existing benefits consulting agreement? **\$210,000** Is the Board-approved contract amount annual or total for the full term?

The contract is Board Approval for the total annual amount.

49. How long has the District worked with the current broker/consultant?

10+ years

50. Does the current consultant receive commissions, or is compensation structured on a flat-fee basis?

Fee

51. Are there specific consulting service issues or areas of improvement the District is seeking to address through this RFQ?

None

52. Is the release of this RFQ driven by the District's procurement policy requirements?

The intent of issuing this RFQ is to conduct a comprehensive due diligence process and explore available options in the marketplace.

53. How many meetings does the current consultant attend per year, and are these meetings typically held in person or virtually?

Typically meets three to four times per calendar year, with additional meetings scheduled as needed to address renewal discussions, plan design changes, or emerging issues.

54. Are all of the District's Health and Welfare benefit plans currently net of commissions?

Yes

55. When was each of the District's benefit plans last competitively bid in a formal RFP process? How often does the District typically conduct RFPs for each benefit line?

Medical and EAP were completed in 2024.

It varies based on a number of factors, some of which involve costs, labor considerations and others. The District's decision to make benefit or carrier changes is determined based on employee retention, and satisfaction. Our goal is to ensure we offer a competitive employee benefits program.

56. Who are the current vendors for Medical, Dental, Vision, Long-Term Disability, and EAP coverage? Is each plan fully insured or self-funded?

Medical: Kaiser and Western Health Advantage = Fully Funded

Dental: Delta Care DHMO

Delta Dental PPO – Self Funded Pool is through SISC

Vision: VSP BASIC – self-insured

VSP Enhanced – fully funded

EAP: COMPSYCH

Life: Reliance Standard

57. Can the District provide current active medical enrollment by plan and tier (single, two-party, family)?

Plan	EO	E+1	Family	In District Family
Kaiser	1827	530	878	87
WHA	597	231	382	24

58. Does the District see value in having a lead consultant that is local to the District's area?

The District does not have a stated preference regarding the geographic location of the lead consultant. Proposals will be evaluated based on qualifications, experience, and overall value to the District, regardless of the consultant's physical location.

59. Does the District have a Benefits Committee? If so, will the selected consultant be expected to attend those meetings during the engagement? Please include meeting frequency and average duration.

The committee typically meets three to four times per calendar year, with additional meetings scheduled as needed to address renewal discussions, plan design changes, or emerging issues.

60. Will the consultant report directly to the wellness committee or work more closely with the Human Resources team?

The consultant will report directly to the Employee Benefits Department and will collaborate closely with the Employee Benefits Specialist. This position operates under the Fiscal Department, which oversees employee benefits administration.

61. Does the wellness program currently fall under the Risk Management department?
The wellness currently falls under the Employee Benefits Department, which works closely with the Risk Management Department.
62. Does the District conduct regular strategic meetings with the incumbent consultant to review goals and long-term strategies?
Yes
63. What are the District's future goals for its health plan strategy?
Our focus is on maintaining an efficient and user-friendly enrollment experience. We continue to explore opportunities that best serve our employees and operational goals.
64. What are the primary pain points or challenges with the current consultant relationship?
None
65. What challenges or priorities are top of mind regarding benefits?
Increase in Employee Premiums, Plan Sustainability and Employee Engagement, Employee Wellness and Preventative Care
66. Which team members must complete a background check and/or fingerprinting—only those who may be on-site?
All persons who will be providing services to the San Juan Unified School District.
67. What components are required for the background check?
- a. County Criminal
 - b. Education Verification
 - c. Global HR OFAC SDN
 - d. National Criminal Database
 - e. National Sex Offender and Violent Abuse Registry
 - f. Social Security Trace & Address History
 - g. Fingerprinting (Live Scan)
- Fingerprinting (Live Scan)**
68. If team members are already cleared through the District's Live Scan process (e.g., as parent volunteers), will an additional background verification be required?
The fingerprinting requirement is that the authorized business representative certifies that all persons providing services to San Juan have been fingerprinted and none have been convicted of a serious or violent felony.
69. Given the short turnaround between the release of answers and the proposal due date, would the District consider extending the submission deadline to November 17, 2025, to allow for a more comprehensive response?
No
70. May the proposal be delivered in person, or is submission by standard mail preferred?
Proposals may be submitted in person as long as they are received by 2pm on November 3rd.
71. C2 – Training Hours a. Can the District clarify the expected number of hours or sessions per year that should be allocated for on-site training related to regulatory updates and best-practice seminars?
The District anticipates scheduling on-site training sessions as needed throughout the year to address regulatory updates and best-practice topics. The specific number of hours will depend on the volume of regulatory changes and District priorities, determined in coordination with the Employee Benefits Department.

72. C5 – Dependent Verification Audits a. Can the District clarify whether the selected consultant is expected to design and manage the full dependent verification audit process (including outreach, eligibility verification, and reporting) or provide communication support materials (e.g., letters, emails, FAQs, and templates) for a District-managed process?

The District will manage the dependent verification audit internally. The selected consultant will assist in developing communication support materials, including letters, emails, FAQs, and templates, to assist the District in effectively implementing the audit. The consultant may also provide guidance or best practices as needed.

73. D10 – Communications and Materials a. Will the selected consultant be expected to revise and update existing SJUSD materials (e.g., benefit guides, open enrollment communications, audit letters), or create new materials from scratch? If existing templates or samples are available, could the District please provide example materials to clarify expectations for style and format?

Yes

74. D11 – Benefits Fair & Open Enrollment a. How many Benefits Fair and Open Enrollment events does the District typically host each year, and how many hours or days of on-site support are expected from the consultant during these events?

The district has one Benefits Fair/Open enrollment Fair held during their open enrollment period, typically held in October/November

75. E1 – Wellness Program a. Should proposers assume the wellness program is a new initiative to be developed and implemented, or does the District already have an existing program in place that requires enhancement? If existing, can the District describe the current strategy and program structure?

Yes, the district has a wellness committee of 5-7 people representing different areas of the district. Currently, the committee meets once a quarter to discuss wellness challenges and other initiatives to encourage wellness. The broker would be conducting the meetings and assisting with the implementation of the wellness challenges.

76. E2 – Enrollment Technology a. Can the District confirm which vendor or platform is currently used for benefits enrollment and employee self-service functions, and when that system or contract was last competitively bid or renewed?

Afenroll is being used, by the district. Our focus is on maintaining an efficient and user-friendly enrollment experience. We routinely assess our technology and vendor relationships as part of our ongoing improvement process, and we'll continue to explore opportunities that best serve our employees and operational goals.

77. E3 – Communications Strategy a. Can the District share examples of current communication materials or initiatives to help vendors gauge the expected scope of redevelopment or expansion?

The District currently distributes a variety of communication materials related to employee benefits, including annual open enrollment guides, benefits summary sheets, and periodic email announcements. Samples of these materials can be provided upon request to help vendors better understand the current format, tone, and scope of communications.

78. E10 – Meetings with Counsel and Labor Groups a. For the requirement "Attendance at, and assistance with, meetings with the SJUSD Counsel, SJUSD staff, and labor groups," can the District clarify how frequently these meetings occur and whether the consultant's role is expected to be active (negotiation support and analysis) or advisory (attending as needed for consultation only)?

Meetings with District Counsel, staff, and labor groups generally occur on an as-needed basis throughout the year, with increased frequency during plan renewal periods (typically a few times per

year). The consultant's role is expected to be active, providing negotiation support, benefits analysis, and recommendations during these discussions to assist the District in making informed decisions.

Insurance Requirements

I. Commercial General Liability

- a. Vendor shall maintain commercial general liability insurance with coverage at least as broad as Insurance Services Office (ISO) form CG 00 01, in an amount not less than two million dollars (\$2,000,000) per occurrence for bodily injury, personal injury, and property damage, including without limitation, blanket contractual liability. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. Vendor's general liability policies shall be primary and shall not seek contribution from the District's coverage and be endorsed with a form at least as broad as ISO form CG 20 10 or CG 20 26 to provide that District and its officers, officials, employees, trustees and volunteers shall be additional insureds under such policies.
- b. Any failure to comply with reporting provisions of the policies by Vendor shall not affect coverage provided to the District.
- c. Coverage shall contain a waiver of subrogation in favor of the District.

II. Business Automobile Liability

- a. Vendor shall provide auto liability coverage for owned, non-owned, and hired autos using ISO Business Auto Coverage form CA 00 01 (or equivalent) with a limit of no less than two million dollars (\$2,000,000) per accident.

III. Workers' Compensation and Employers' Liability

- a. Vendor shall maintain Workers' Compensation Insurance with Statutory Limits, and Employer's Liability Insurance with limits of no less than \$1,000,000 per accident for bodily injury or disease. Vendor shall submit to District, along with the certificate of insurance, a waiver of subrogation endorsement in favor of District.

IV. Professional Liability Insurance

- a. Vendor shall maintain professional liability insurance that insures against professional errors and omissions that may be made in performing the Services to be rendered in connection with this Agreement, in the minimum amount of two million dollars (\$2,000,000) per claim and in the aggregate. Any policy inception date, continuity date, or retroactive date must be before the effective date of this agreement, and Vendor agrees to maintain continuous coverage through a period no less than three years after completion of the services required by this agreement.

V. Cyber Insurance

- a. Cyber Liability Insurance is required with limits not less than two million dollars (\$2,000,000) per claim.

- b. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Vendor in this agreement and shall include, but not be limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion, and network security.

VI. All Coverages

- a. Each insurance policy required by the agreement shall be endorsed to state that coverage shall not be suspended, voided, canceled, or reduced in limits except after thirty (30) days' prior written notice has been given to the District, except that ten (10) days' prior written notice shall apply in the event of cancellation for nonpayment of premium.
- b. All self-insured retentions and deductibles above \$100,000 must be declared to and approved by the District.
- c. Evidence of Insurance - Prior to commencement of work, the Vendor shall furnish the District with certificates, additional insured endorsements, and waivers of subrogation evidencing compliance with the insurance requirements above. The Vendor must agree to provide complete, certified copies of all required insurance policies if requested by the District.
- d. Acceptability of Insurers - Insurance shall be placed with insurers admitted in the State of California and with an AM Best rating of A- VII or higher.
- e. Vendor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein. However, insurance requirements may be determined on a "per subcontractor" basis, considering the particular work to be done by the subcontractor.

Indemnification:

Indemnity for Professional Liability:

When the law establishes a professional standard of care for Vendor's Services, to the fullest extent permitted by law, Vendor shall indemnify, protect, defend, and hold harmless District and any and all of its officials, employees, trustees and volunteers from and against any and all losses, liabilities, damages, costs, and expenses, including legal counsel's fees and costs but only to the extent the Vendor is responsible for such damages, liabilities and costs on a comparative basis of fault between the Vendor and the District in the performance of professional services under this agreement.

Indemnity for Other Than Professional Liability:

Other than in the performance of professional services and to the full extent permitted by law, Vendor shall indemnify, defend, and hold harmless District, and any and all of its employees, officials and volunteers from and against any liability (including liability for claims, suits, actions,

arbitration proceedings, administrative proceedings, regulatory proceedings, losses, expenses or costs of any kind, whether actual, alleged or threatened, including legal counsel's fees and costs, court costs, defense costs, and expert witness fees), where the same arise out of, are a consequence of, or are in any way attributable to, in whole or in part, the performance of this Agreement by Vendor or by any individual or District for which Vendor is legally liable, including, but not limited to officers, agents, employees, or subcontractors of Vendor, except when caused by the active negligence or willful misconduct of the District.

BENEFIT COST SCHEDULE
SAN JUAN ADMINISTRATORS (SJAA)
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
	In-District - Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District - Family*	\$1,809.59	\$1,584.85	\$224.74
Waiver of medical insurance** Employee receives as cash			\$155.20	
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
	In-District - Family*	\$137.00	\$71.00	\$66.00
DELTA CARE - DENTAL HMO	Family	\$62.64	\$62.64	\$0.00
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$9.07	\$0.00
	Employee	\$11.32	\$9.07	\$2.25
	Employee + one	\$25.56	\$9.07	\$16.49
	Family	\$41.15	\$9.07	\$32.08
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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

*This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan

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

BENEFIT COST SCHEDULE

1/1/2025 - 12/31/2025

ADULT EDUCATION - 50%

Amounts shown tenthly

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$560.88	\$560.88
	Employee + one	\$2,243.52	\$560.88	\$1,682.64
	Family	\$3,174.58	\$560.88	\$2,613.70
	In-District - Family*	\$2,052.82	\$560.88	\$1,491.94
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$455.31	\$455.31
	Employee + one	\$1,815.43	\$455.31	\$1,360.12
	Family	\$2,720.21	\$455.31	\$2,264.90
	In-District - Family*	\$1,809.59	\$455.31	\$1,354.28
Waiver of medical insurance** if hired prior to July 2015			\$47.99	
Waiver of medical insurance** if hired in July 2015 or later.			\$27.50	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$35.50	\$35.50
	Employee + one	\$136.00	\$35.50	\$100.50
	Family	\$208.00	\$35.50	\$172.50
	In-District - Family*	\$137.00	\$35.50	\$101.50
DELTA CARE - DENTAL HMO	Family	\$62.64	\$31.32	\$31.32
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$4.54	\$4.53
	Employee	\$11.32	\$4.54	\$6.78
	Employee + one	\$25.56	\$4.54	\$21.02
	Family	\$41.15	\$4.54	\$36.61
	In-District - Family*	\$29.83	\$4.54	\$25.29
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$7.27	\$7.27
\$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

***This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan**

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

BENEFIT COST SCHEDULE

1/1/2025 - 12/31/2025

ADULT EDUCATION - 75%

Amounts shown tenthly

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$841.32	\$280.44
	Employee + one	\$2,243.52	\$841.32	\$1,402.20
	Family	\$3,174.58	\$841.32	\$2,333.26
	In-District - Family*	\$2,052.82	\$841.32	\$1,211.50
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$682.97	\$227.65
	Employee + one	\$1,815.43	\$682.97	\$1,132.46
	Family	\$2,720.21	\$682.97	\$2,037.24
	In-District - Family*	\$1,809.59	\$682.97	\$1,126.62
Waiver of medical insurance** if hired prior to July 2015			\$71.98	
Waiver of medical insurance** if hired in July 2015 or later.			\$41.25	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$53.25	\$17.75
	Employee + one	\$136.00	\$53.25	\$82.75
	Family	\$208.00	\$53.25	\$154.75
	In-District - Family*	\$137.00	\$53.25	\$83.75
DELTA CARE - DENTAL HMO	Family	\$62.64	\$46.98	\$15.66
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$6.80	\$2.27
	Employee	\$11.32	\$6.80	\$4.52
	Employee + one	\$25.56	\$6.80	\$18.76
	Family	\$41.15	\$6.80	\$34.35
	In-District - Family*	\$29.83	\$6.80	\$23.03
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$10.90	\$3.59
\$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

***This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan**

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

BENEFIT COST SCHEDULE
ADULT EDUCATION - Adult Ed
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
	In-District - Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District - Family*	\$1,809.59	\$1,584.85	\$224.74
Waiver of medical insurance** if hired prior to July 2015			\$95.97	
Waiver of medical insurance** if hired in July 2015 or later.			\$55.00	
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
	In-District - Family*	\$137.00	\$71.00	\$66.00
DELTA CARE - DENTAL HMO	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
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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

***This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan**

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

**BENEFIT COST SCHEDULE
BOARD MEMBERS
Amounts shown tenthly**

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	BOARD MEMBER CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
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
DELTACARE- Dental HMO	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
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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

NOT ELIGIBLE FOR SECTION 125 CASH OPTION

BENEFIT COST SCHEDULE
CERTIFICATED - 50%
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$ 560.88	\$560.88
	Employee + one	\$2,243.52	\$ 981.54	\$1,261.98
	Family	\$3,174.58	\$ 1,330.69	\$1,843.89
	In-District - Family*	\$2,052.82	\$ 910.03	\$1,142.79
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$ 455.31	\$455.31
	Employee + one	\$1,815.43	\$794.61	\$1,020.82
	Family	\$2,720.21	\$ 1,133.91	\$1,586.30
	In-District - Family*	\$1,809.59	\$ 792.42	\$1,017.17
Waiver of medical insurance** Employee receives as cash			\$27.50	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$35.50	\$35.50
	Employee + one	\$136.00	\$35.50	\$100.50
	Family	\$208.00	\$35.50	\$172.50
	In-District - Family*	\$137.00	\$35.50	\$101.50
DELTA CARE	Family	\$62.64	\$31.32	\$31.32
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$4.54	\$4.53
	Employee	\$11.32	\$4.54	\$6.78
	Employee + one	\$25.56	\$4.54	\$21.02
	Family	\$41.15	\$4.54	\$36.61
	In-District - Family*	\$29.83	\$4.54	\$25.29
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE***				
\$100,000 basic life + ADD	Employee	\$14.53	\$7.27	\$7.27
\$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

* This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan

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

***Employee must work 15 hours per week (50% FTE) to be eligible for Life Insurance coverage.

BENEFIT COST SCHEDULE
CERTIFICATED - 75%
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$ 841.32	\$280.44
	Employee + one	\$2,243.52	\$ 1,472.31	\$771.21
	Family	\$3,174.58	\$ 1,996.03	\$1,178.55
	In-District - Family*	\$2,052.82	\$ 1,365.04	\$687.78
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$ 682.97	\$227.65
	Employee + one	\$1,815.43	\$1,191.92	\$623.51
	Family	\$2,720.21	\$ 1,700.86	\$1,019.35
	In-District - Family*	\$1,809.59	\$ 1,188.64	\$620.95
Waiver of medical insurance** Employee receives as cash			\$41.25	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$53.25	\$17.75
	Employee + one	\$136.00	\$53.25	\$82.75
	Family	\$208.00	\$53.25	\$154.75
	In-District - Family*	\$137.00	\$53.25	\$83.75
DELTA CARE	Family	\$62.64	\$46.98	\$15.66
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$6.80	\$2.27
	Employee	\$11.32	\$6.80	\$4.52
	Employee + one	\$25.56	\$6.80	\$18.76
	Family	\$41.15	\$6.80	\$34.35
	In-District - Family*	\$29.83	\$6.80	\$23.03
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$10.90	\$3.63
\$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

* This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan

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

BENEFIT COST SCHEDULE
CERTIFICATED - 100%
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
	In-District - Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District - Family*	\$1,809.59	\$1,584.85	\$224.74
Waiver of medical insurance** Employee receives as cash			\$55.00	
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
	In-District - Family*	\$137.00	\$71.00	\$66.00
DELTACARE- Dental HMO	Family	\$62.64	\$62.64	\$0.00
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$9.07	\$0.00
	Employee	\$11.32	\$9.07	\$2.25
	Employee + one	\$25.56	\$9.07	\$16.49
	Family	\$41.15	\$9.07	\$32.08
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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

* This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan

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

BENEFIT COST SCHEDULE
CERTIFICATED - 25%
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$280.44	\$841.32
	Employee + one	\$2,243.52	\$490.77	\$1,752.75
	Family	\$3,174.58	\$665.34	\$2,509.24
	In-District - Family*	\$2,052.82	\$455.01	\$1,597.81
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$227.66	\$682.96
	Employee + one	\$1,815.43	\$397.31	\$1,418.12
	Family	\$2,720.21	\$566.95	\$2,153.26
	In-District - Family*	\$1,809.59	\$396.21	\$1,413.38
Waiver of medical insurance** Employee receives as cash			\$13.75	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$17.75	\$53.25
	Employee + one	\$136.00	\$17.75	\$118.25
	Family	\$208.00	\$17.75	\$190.25
	In-District - Family*	\$137.00	\$17.75	\$119.25
DELTA CARE	Family	\$62.64	\$15.66	\$46.98
VISION				
VSP	Employee	\$9.07	\$2.27	\$6.80
VSP Voluntary Buy Up	Employee	\$11.32	\$2.27	\$9.05
	Employee + one	\$25.56	\$2.27	\$23.29
	Family	\$41.15	\$2.27	\$38.88
	In-District - Family*	\$29.83	\$2.27	\$27.56
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00

* This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan

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

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

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
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 VSP Voluntary Buy Up	Employee	\$9.07	\$9.07	\$0.00
	Employee	\$11.32	\$9.07	\$2.25
	Employee + one	\$25.56	\$9.07	\$16.49
	Family	\$41.15	\$9.07	\$32.08
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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

BENEFIT COST SCHEDULE
CLASSIFIED BENEFITS
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
	In-District Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District Family*	\$1,809.59	\$1,584.85	\$224.74
<i>Waiver of medical insurance** Employee receives as cash</i>			\$155.20	
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
	In-District - Family*	\$137.00	\$71.00	\$66.00
DELTA CARE - DENTAL HMO	Family	\$62.64	\$62.64	\$0.00
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$9.07	\$0.00
	Employee	\$11.32	\$9.07	\$2.25
	Employee + one	\$25.56	\$9.07	\$16.49
	Family	\$41.15	\$9.07	\$32.08
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$50,000 basic life	Employee	\$7.78	\$7.78	\$0.00
\$25,000	Supplemental	\$8.75	\$0.00	\$8.75
\$50,000	Supplemental	\$17.50	\$0.00	\$17.50
\$75,000	Supplemental	\$26.25	\$0.00	\$26.25
\$100,000	Supplemental	\$35.00	\$0.00	\$35.00
\$1,500	Dep. Life	\$0.54	\$0.00	\$0.54
\$10,000	Dep. Life	\$3.60	\$0.00	\$3.60

**This option is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan*

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

BENEFIT COST SCHEDULE
CONFIDENTIAL
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
	In-District - Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District - Family*	\$1,809.59	\$1,584.85	\$224.74
Waiver of medical insurance** Employee receives as cash			\$155.20	
DENTAL				
DELTA DENTAL /DPO	Employee Only	\$71.00	\$71.00	\$0.00
	Employee + one	\$136.00	\$71.00	\$65.00
	Family	\$208.00	\$71.00	\$137.00
	In-District - Family*	\$137.00	\$71.00	\$66.00
DELTA CARE - DENTAL HMO	Family	\$62.64	\$62.64	\$0.00
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$9.07	\$0.00
	Employee	\$11.32	\$9.07	\$2.25
	Employee + one	\$25.56	\$9.07	\$16.49
	Family	\$41.15	\$9.07	\$32.08
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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	Dependent Coverage	\$0.54	\$0.00	\$0.54
\$10,000	Dependent Coverage	\$3.60	\$0.00	\$3.60

* This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan

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

**BENEFIT COST SCHEDULE
HOME HOSPITAL - 100%
Amounts shown tenthly**

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
	In-District - Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District - Family*	\$1,809.59	\$1,584.85	\$224.74
Waiver of medical insurance** Employee receives as cash			\$55.00	
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
	In-District - Family*	\$137.00	\$71.00	\$66.00
DELTACARE- Dental HMO	Family	\$62.64	\$62.64	\$0.00
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$9.07	\$0.00
	Employee	\$11.32	\$9.07	\$2.25
	Employee + one	\$25.56	\$9.07	\$16.49
	Family	\$41.15	\$9.07	\$32.08
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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

***This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan**

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

BENEFIT COST SCHEDULE
INDEPENDENT STUDY CERTIFICATED - 100%
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
	In-District - Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District - Family*	\$1,809.59	\$1,584.85	\$224.74
Waiver of medical insurance** Employee receives as cash			\$55.00	
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
	In-District - Family**	\$137.00	\$71.00	\$66.00
DELTA CARE	Family	\$60.82	\$60.82	\$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
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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

* This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan

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

BENEFIT COST SCHEDULE
SAN JUAN PROFESSIONAL EDUCATORS COALITION (SJPEC) 50%
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$560.88	\$560.88
	Employee + one	\$2,243.52	\$981.54	\$1,261.98
	Family	\$3,174.58	\$1,330.69	\$1,843.89
	In-District - Family*	\$2,052.82	\$910.03	\$1,142.79
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$455.31	\$455.31
	Employee + one	\$1,815.43	\$794.61	\$1,020.82
	Family	\$2,720.21	\$1,133.91	\$1,586.30
	In-District - Family*	\$1,809.59	\$792.42	\$1,017.17
Waiver of medical insurance** Employee receives as cash			\$71.98	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$35.50	\$35.50
	Employee + one	\$136.00	\$35.50	\$100.50
	Family	\$208.00	\$35.50	\$172.50
	In-District - Family*	\$137.00	\$35.50	\$101.50
DELTA CARE - DENTAL HMO	Family	\$62.64	\$31.32	\$31.32
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$4.54	\$4.53
	Employee	\$11.32	\$4.54	\$6.78
	Employee + one	\$25.56	\$4.54	\$21.02
	Family	\$41.15	\$4.54	\$36.61
	In-District - Family*	\$29.83	\$4.54	\$25.29
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$7.27	\$7.27
\$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

***This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD**

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

BENEFIT COST SCHEDULE
SAN JUAN PROFESSIONAL EDUCATORS COALITION (SJPEC) - 75%
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$841.32	\$280.44
	Employee + one	\$2,243.52	\$1,472.31	\$771.21
	Family	\$3,174.58	\$1,996.03	\$1,178.55
	In-District - Family*	\$2,052.82	\$1,365.04	\$687.78
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$682.97	\$227.65
	Employee + one	\$1,815.43	\$1,191.92	\$623.51
	Family	\$2,720.21	\$1,700.86	\$1,019.35
	In-District - Family*	\$1,809.59	\$1,188.64	\$620.95
Waiver of medical insurance** Employee receives as cash			\$155.20	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$53.25	\$17.75
	Employee + one	\$136.00	\$53.25	\$82.75
	Family	\$208.00	\$53.25	\$154.75
	In-District - Family*	\$137.00	\$53.25	\$83.75
DELTA CARE - DENTAL HMO	Family	\$62.64	\$46.98	\$15.66
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$6.80	\$2.27
	Employee	\$11.32	\$6.80	\$4.52
	Employee + one	\$25.56	\$6.80	\$18.76
	Family	\$41.15	\$6.80	\$34.35
	In-District - Family*	\$29.83	\$6.80	\$23.03
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$10.90	\$3.63
\$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

***This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan**

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

BENEFIT COST SCHEDULE
SAN JUAN PROFESSIONAL EDUCATORS COALITION (SJPEC) - 100%
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
	In-District - Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District - Family*	\$1,809.59	\$1,584.85	\$224.74
Waiver of medical insurance** Employee receives as cash			\$155.20	
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
	In-District - Family*	\$137.00	\$71.00	\$66.00
DELTA CARE - DENTAL HMO	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
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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

*This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD

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

BENEFIT COST SCHEDULE
SAN JUAN PROFESSIONAL EDUCATORS COALITION (SJPEC) - 25%
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$280.44	\$841.32
	Employee + one	\$2,243.52	\$490.77	\$1,752.75
	Family	\$3,174.58	\$665.34	\$2,509.24
	In-District - Family*	\$2,052.82	\$455.01	\$1,597.81
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$227.66	\$682.96
	Employee + one	\$1,815.43	\$397.31	\$1,418.12
	Family	\$2,720.21	\$566.95	\$2,153.26
	In-District - Family*	\$1,809.59	\$396.21	\$1,413.38
Waiver of medical insurance** Employee receives as cash			\$71.98	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$17.75	\$53.25
	Employee + one	\$136.00	\$17.75	\$118.25
	Family	\$208.00	\$17.75	\$190.25
	In-District - Family*	\$137.00	\$17.75	\$119.25
DELTA CARE - DENTAL HMO	Family	\$62.64	\$15.66	\$46.98
VISION				
VSP	Employee	\$9.07	\$2.27	\$6.80
VSP Voluntary Buy Up	Employee	\$11.32	\$2.27	\$9.05
	Employee + one	\$25.56	\$2.27	\$23.29
	Family	\$41.15	\$2.27	\$38.88
	In-District - Family*	\$29.83	\$2.27	\$27.56
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00

***This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan**

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

**BENEFIT COST SCHEDULE
SUPERVISOR
Amounts shown tenthly**

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.20
	In-District - Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District - Family*	\$1,809.59	\$1,584.85	\$224.74
Waiver of medical coverage** Employee receives as cash			\$145.00	
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
	In-District - Family*	\$137.00	\$71.00	\$66.00
DELTA CARE - DENTAL HMO	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
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$100,000 basic life + ADD	Employee	\$14.53	\$14.53	\$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. Life	\$0.54	\$0.00	\$0.54
\$10,000	Dep. Life	\$3.60	\$0.00	\$3.60

* This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan

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

**BENEFIT COST SCHEDULE
TRANSPORTATION
Amounts shown tenthly**

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$1,121.76	\$1,121.76	\$0.00
	Employee + one	\$2,243.52	\$1,963.08	\$280.44
	Family	\$3,174.58	\$2,661.38	\$513.21
	In-District Family*	\$2,052.82	\$1,820.06	\$232.76
WESTERN HEALTH ADVANTAGE	Employee Only	\$910.62	\$910.62	\$0.00
	Employee + one	\$1,815.43	\$1,589.23	\$226.20
	Family	\$2,720.21	\$2,267.81	\$452.40
	In-District Family*	\$1,809.59	\$1,584.85	\$224.74
Waiver of medical insurance** Employee receives as cash			\$150.20	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$71.00	\$0.00
	Employee + one	\$136.00	\$119.75	\$16.25
	Family	\$208.00	\$173.75	\$34.25
	In-District - Family*	\$137.00	\$120.50	\$16.50
DELTA CARE - DENTAL HMO	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
	In-District - Family*	\$29.83	\$9.07	\$20.76
EAP				
Employee Assistance Program	Family	\$1.62	\$1.62	\$0.00
LIFE INSURANCE				
\$25,000 basic life	Employee	\$3.89	\$3.89	\$0.00
\$25,000	Supplemental	\$8.75	\$0.00	\$8.75
\$50,000	Supplemental	\$17.50	\$0.00	\$17.50
\$75,000	Supplemental	\$26.25	\$0.00	\$26.25
\$100,000	Supplemental	\$35.00	\$0.00	\$35.00
\$1,500	Dep. Life	\$0.54	\$0.00	\$0.54
\$10,000	Dep. Life	\$3.60	\$0.00	\$3.60

***This option is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan**

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

BENEFIT COST SCHEDULE
Unrepresented Specialists
Amounts shown tenthly

1/1/2025 - 12/31/2025

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL KAISER WESTERN HEALTH ADVANTAGE <				

* This rate is available only if your legal spouse/registered domestic partner is a benefit eligible employee of SJUSD enrolled in the "identical" plan

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