1/1/2026-12/31/2026
BENEFIT COST SCHEDULE
CHOICES CHARTER
Amounts shown tenthly

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	$1,273.21	$1,273.21	$0.00
	Employee + one	$2,546.42	$2,228.12	$318.30
	Family	$3,603.18	$3,020.69	$582.49
WESTERN HEALTH ADVANTAGE	Employee Only	$955.79	$955.79	$0.00
	Employee + one	$1,905.48	$1,668.06	$237.42
	Family	$2,855.15	$2,380.31	$474.84
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 - DENTAL HMO	All Tiers	$62.64	$62.64	$0.00
VISION				
VSP	Employee	$9.07	$9.07	$0.00
VSP Voluntary Buy Up	Employee	$11.90	$9.07	$2.83
	Employee + one	$26.86	$9.07	$17.79
	Family	$43.25	$9.07	$34.18
EAP				
Employee Assistance Program	Employee Only	$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.***