1/1/2027-12/31/2027
BENEFIT COST SCHEDULE
TRANSPORTATION
Amounts shown tenthly

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	$1,398.74	$1,398.74	$0.00
	Employee + one	$2,797.48	$2,447.80	$349.68
	Family	$3,958.43	$3,318.51	$639.92
	In-District - Family*	$2,559.69	$2,269.45	$290.24
WESTERN HEALTH ADVANTAGE	Employee Only	$1,032.17	$1,032.17	$0.00
	Employee + one	$2,057.76	$1,801.36	$256.40
	Family	$3,082.72	$2,570.08	$512.64
	In-District - Family*	$2,050.55	$1,795.95	$254.60
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	All Tiers	$62.64	$62.64	$0.00
VISION				
VSP	Employee	$9.07	$9.07	$0.00
VSP Voluntary Buy Up	Employee	$12.40	$9.07	$3.33
	Employee + one	$27.99	$9.07	$18.92
	Family	$45.07	$9.07	$36.00
	In-District - Family*	$32.67	$9.07	$23.60
EAP				
Employee Assistance Program	Employee Only	$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. Coverage	$0.50	$0.00	$0.50
$10,000	Dep. Coverage	$3.35	$0.00	$3.35

**** 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.***