1/1/2027-12/31/2027
BENEFIT COST SCHEDULE
CERTIFICATED - 50%
Amounts shown tenthly

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	$1,398.74	$699.37	$699.37
	Employee + one	$2,797.48	$1,223.90	$1,573.58
	Family	$3,958.43	$1,659.25	$2,299.18
	In-District - Family*	$2,559.69	$1,134.73	$1,424.96
WESTERN HEALTH ADVANTAGE	Employee Only	$1,032.17	$516.08	$516.09
	Employee + one	$2,057.76	$900.68	$1,157.08
	Family	$3,082.72	$1,285.04	$1,797.68
	In-District - Family*	$2,050.55	$897.98	$1,152.57
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 - DENTAL HMO	All Tiers	$62.64	$31.32	$31.32
VISION				
VSP	Employee	$9.07	$4.54	$4.53
VSP Voluntary Buy Up	Employee	$12.40	$4.54	$7.86
	Employee + one	$27.99	$4.54	$23.45
	Family	$45.07	$4.54	$40.53
	In-District - Family*	$32.67	$4.54	$28.13
EAP				
Employee Assistance Program	Employee Only	$1.62	$1.62	$0.00
LIFE INSURANCE*				
$100,000 basic life + ADD	Employee	$14.53	$7.27	$7.26
$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.***