1/1/2027-12/31/2027
BENEFIT COST SCHEDULE
CERTIFICATED - 75%
Amounts shown tenthly

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	$1,398.74	$1,049.06	$349.68
	Employee + one	$2,797.48	$1,835.85	$961.63
	Family	$3,958.43	$2,488.88	$1,469.55
	In-District - Family*	$2,559.69	$1,702.09	$857.60
WESTERN HEALTH ADVANTAGE	Employee Only	$1,032.17	$774.13	$258.04
	Employee + one	$2,057.76	$1,351.02	$706.74
	Family	$3,082.72	$1,927.56	$1,155.16
	In-District - Family*	$2,050.55	$1,346.96	$703.59
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 - DENTAL HMO	All Tiers	$62.64	$46.98	$15.66
VISION				
VSP	Employee	$9.07	$6.80	$2.27
VSP Voluntary Buy Up	Employee	$12.40	$6.80	$5.60
	Employee + one	$27.99	$6.80	$21.19
	Family	$45.07	$6.80	$38.27
	In-District - Family*	$32.67	$6.80	$25.87
EAP				
Employee Assistance Program	Employee Only	$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.***