1/1/2027-12/31/2027
BENEFIT COST SCHEDULE
CERTIFICATED - 25%
Amounts shown tenthly

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	$1,398.74	$349.69	$1,049.05
	Employee + one	$2,797.48	$611.95	$2,185.53
	Family	$3,958.43	$829.63	$3,128.80
	In-District - Family*	$2,559.69	$567.36	$1,992.33
WESTERN HEALTH ADVANTAGE	Employee Only	$1,032.17	$258.04	$774.13
	Employee + one	$2,057.76	$450.34	$1,607.42
	Family	$3,082.72	$642.52	$2,440.20
	In-District - Family*	$2,050.55	$448.99	$1,601.56
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 - DENTAL HMO	All Tiers	$62.64	$15.66	$46.98
VISION				
VSP	Employee	$9.07	$2.27	$6.80
VSP Voluntary Buy Up	Employee	$12.40	$2.27	$10.13
	Employee + one	$27.99	$2.27	$25.72
	Family	$45.07	$2.27	$42.80
	In-District - Family*	$32.67	$2.27	$30.40
EAP				
Employee Assistance Program	Employee Only	$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.***