**1/1/2027-12/31/2027**
**BENEFIT COST SCHEDULE**
**CHOICES CHARTER - 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 | $1,049.06 | $1,748.42 |
| | Family | $3,958.43 | $1,049.06 | $2,909.37 |
| **WESTERN HEALTH ADVANTAGE** | Employee Only | $1,032.17 | $774.13 | $258.04 |
| | Employee + one | $2,057.76 | $774.13 | $1,283.63 |
| | Family | $3,082.72 | $774.13 | $2,308.59 |
| ***Waiver of medical insurance**** ***Employee receives as cash*** | | | ***$105.00*** | |
| ***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 |
| **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 |
| ***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 |

**** The waiver option is only available for medical insurance. Must provide proof of other non-Exchange coverage.***