1/1/2027-12/31/2027
BENEFIT COST SCHEDULE
CHOICES CHARTER - 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	$349.69	$2,447.79
	Family	$3,958.43	$349.69	$3,608.74
WESTERN HEALTH ADVANTAGE	Employee Only	$1,032.17	$258.04	$774.13
	Employee + one	$2,057.76	$258.04	$1,799.72
	Family	$3,082.72	$258.04	$2,824.68
Waiver of medical insurance* Employee receives as cash			***$35.00***	
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
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
EAP				
Employee Assistance Program	Employee Only	$1.62	$1.62	$0.00
LIFE INSURANCE				
$100,000 basic life + ADD	Employee	$14.53	$3.63	$10.90
$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.***