

**BENEFIT COST SCHEDULE
BOARD MEMBERS
Amounts shown tenthly**

1/1/2021 - 12/31/2021

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	BOARD MEMBER CONTRIBUTION
<i>MEDICAL</i>				
KAISER	Employee Only	\$935.51	\$935.51	\$0.00
	Employee + one	\$1,871.02	\$1,637.14	\$233.88
	Family	\$2,647.48	\$2,219.49	\$427.99
WESTERN HEALTH ADVANTAGE	Employee Only	\$804.85	\$804.85	\$0.00
	Employee + one	\$1,604.59	\$1,404.66	\$199.93
	Family	\$2,404.26	\$2,004.41	\$399.85
<i>DENTAL</i>				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$71.00	\$0.00
	Employee + one	\$136.00	\$71.00	\$65.00
	Family	\$208.00	\$71.00	\$137.00
DELTACARE- Dental HMO	Family	\$62.64	\$62.64	\$0.00
<i>VISION</i>				
VSP	Employee	\$9.07	\$9.07	\$0.00
VSP Voluntary Buy Up	Employee	\$11.32	\$9.07	\$2.25
	Employee + one	\$25.56	\$9.07	\$16.49
	Family	\$41.15	\$9.07	\$32.08
<i>LIFE INSURANCE</i>				
\$100,000 basic life	Employee	\$10.70	\$10.70	\$0.00
\$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

NOT ELIGIBLE FOR SECTION 125 CASH OPTION