

**BENEFIT COST SCHEDULE
HOME HOSPITAL - 100%
Amounts shown tenthly**

1/1/2021 - 12/31/2021

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
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
	In-District - Family*	\$1,711.97	\$1,517.86	\$194.11
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
	In-District - Family*	\$1,599.41	\$1,400.77	\$198.64
Waiver of medical insurance** Employee receives as cash			\$55.00	
DENTAL				
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
	In-District - Family*	\$137.00	\$71.00	\$66.00
DELTACARE- Dental HMO	Family	\$62.64	\$62.64	\$0.00
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$9.07	\$0.00
	Employee	\$11.32	\$9.07	\$2.25
	Employee + one	\$25.56	\$9.07	\$16.49
	Family	\$41.15	\$9.07	\$32.08
	In-District - Family*	\$29.83	\$9.07	\$20.76
LIFE INSURANCE				
\$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

***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**