

**BENEFIT COST SCHEDULE
INDEPENDENT STUDY CERTIFICATED - 50%**

1/1/2021 - 12/31/2021

Amounts shown tenthy

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$935.51	\$467.76	\$467.75
	Employee + one	\$1,871.02	\$818.57	\$1,052.45
	Family	\$2,647.48	\$1,109.74	\$1,537.74
	In-District - Family*	\$1,711.97	\$758.93	\$953.04
WESTERN HEALTH ADVANTAGE	Employee Only	\$804.85	\$402.43	\$402.42
	Employee + one	\$1,604.59	\$702.33	\$902.26
	Family	\$2,404.26	\$1,002.20	\$1,402.06
	In-District - Family*	\$1,599.41	\$700.39	\$899.02
Waiver of medical insurance** Employee receives as cash			\$27.50	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$35.50	\$35.50
	Employee + one	\$136.00	\$35.50	\$100.50
	Family	\$208.00	\$35.50	\$172.50
	In-District - Family**	\$137.00	\$35.50	\$101.50
DELTA CARE	Family	\$62.64	\$31.32	\$31.32
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$4.54	\$4.53
	Employee	\$11.32	\$4.54	\$6.78
	Employee + one	\$25.56	\$4.54	\$21.02
	Family	\$41.15	\$4.54	\$36.61
	In-District - Family*	\$29.83	\$4.54	\$25.29
LIFE INSURANCE				
\$100,000 basic life	Employee	\$10.70	\$5.35	\$5.35
\$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**