

**BENEFIT COST SCHEDULE
INDEPENDENT STUDY CERTIFICATED - 75%**

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	\$701.63	\$233.88
	Employee + one	\$1,871.02	\$1,227.86	\$643.16
	Family	\$2,647.48	\$1,664.62	\$982.86
	In-District - Family*	\$1,711.97	\$1,138.39	\$573.58
WESTERN HEALTH ADVANTAGE	Employee Only	\$804.85	\$603.64	\$201.21
	Employee + one	\$1,604.59	\$1,053.49	\$551.10
	Family	\$2,404.26	\$1,503.31	\$900.95
	In-District - Family*	\$1,599.41	\$1,050.58	\$548.83
Waiver of medical insurance** Employee receives as cash			\$41.25	
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
	In-District - Family*	\$137.00	\$53.25	\$83.75
DELTA CARE	Family	\$62.64	\$46.98	\$15.66
VISION				
VSP VSP Voluntary Buy Up	Employee	\$9.07	\$6.80	\$2.27
	Employee	\$11.32	\$6.80	\$4.52
	Employee + one	\$25.56	\$6.80	\$18.76
	Family	\$41.15	\$6.80	\$34.35
	In-District - Family*	\$29.83	\$6.80	\$23.03
LIFE INSURANCE				
\$100,000 basic life	Employee	\$10.70	\$8.03	\$2.67
\$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