

BENEFIT COST SCHEDULE
CERTIFICATED - 25%
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	\$233.88	\$701.63
	Employee + one	\$1,871.02	\$409.29	\$1,461.73
	Family	\$2,647.48	\$554.87	\$2,092.61
	In-District - Family*	\$1,711.97	\$379.46	\$1,332.51
WESTERN HEALTH ADVANTAGE	Employee Only	\$804.85	\$201.21	\$603.64
	Employee + one	\$1,604.59	\$351.16	\$1,253.43
	Family	\$2,322.72	\$485.81	\$1,836.91
	In-District - Family*	\$1,517.87	\$334.90	\$1,182.97
<i>Waiver of medical insurance** Employee receives as cash</i>			\$13.75	
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
	In-District - Family*	\$137.00	\$17.75	\$119.25
DELTA CARE	Family	\$62.64	\$15.66	\$46.98
VISION				
VSP	Employee	\$9.07	\$2.27	\$6.80
VSP Voluntary Buy Up	Employee	\$11.32	\$2.27	\$9.05
	Employee + one	\$25.56	\$2.27	\$23.29
	Family	\$41.15	\$2.27	\$38.88
	In-District - Family*	\$29.83	\$2.27	\$27.56
LIFE INSURANCE				
\$100,000 basic life	Employee	\$10.70	\$2.68	\$8.02
\$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	Dependent Life	\$0.54	\$0.00	\$0.54
\$10,000	Dependent Life	\$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