## BENEFIT COST SCHEDULE
### BENEFIT PROVIDER
**TYPE OF COVERAGE** | **TOTAL PREMIUM COST** | **DISTRICT CONTRIBUTION** | **EMPLOYEE CONTRIBUTION**
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### MEDICAL
**Kaiser**
- **Employee Only**
  - Total Premium Cost: $850.11
  - District Contribution: $850.11
  - Employee Contribution: $0.00
- **Employee + one**
  - Total Premium Cost: $1,700.21
  - District Contribution: $1,487.69
  - Employee Contribution: $212.52
- **Family**
  - Total Premium Cost: $2,405.80
  - District Contribution: $2,016.88
  - Employee Contribution: $388.92
- **In-District Family***
  - Total Premium Cost: $1,555.69
  - District Contribution: $1,379.30
  - Employee Contribution: $176.39

**Western Health Advantage**
- **Employee Only**
  - Total Premium Cost: $771.70
  - District Contribution: $771.70
  - Employee Contribution: $0.00
- **Employee + one**
  - Total Premium Cost: $1,538.48
  - District Contribution: $1,346.79
  - Employee Contribution: $191.69
- **Family**
  - Total Premium Cost: $2,305.21
  - District Contribution: $1,921.83
  - Employee Contribution: $383.38
- **In-District Family***
  - Total Premium Cost: $1,533.51
  - District Contribution: $1,343.06
  - Employee Contribution: $190.45

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**Waiver of medical insurance**
- Employee receives as cash: $155.20

### DENTAL
**Delta Premier/Delta PPO**
- **Employee Only**
  - Total Premium Cost: $71.00
  - District Contribution: $71.00
  - Employee Contribution: $0.00
- **Employee + one**
  - Total Premium Cost: $136.00
  - District Contribution: $71.00
  - Employee Contribution: $65.00
- **Family**
  - Total Premium Cost: $208.00
  - District Contribution: $71.00
  - Employee Contribution: $137.00
- **In-District - Family**
  - Total Premium Cost: $137.00
  - District Contribution: $71.00
  - Employee Contribution: $66.00

**Delta Care - Dental HMO**
- **Family**
  - Total Premium Cost: $60.82
  - District Contribution: $60.82
  - Employee Contribution: $0.00

### VISION
**VSP**
- **Employee**
  - Total Premium Cost: $11.33
  - District Contribution: $11.33
  - Employee Contribution: $0.00

### LIFE INSURANCE
- **$50,000 basic life**
  - Employee
    - Total Premium Cost: $0.00
    - District Contribution: $11.20
    - Employee Contribution: -$11.20
- **$25,000**
  - Supplemental
    - Total Premium Cost: $8.75
    - District Contribution: $0.00
    - Employee Contribution: $8.75
- **$50,000**
  - Supplemental
    - Total Premium Cost: $17.50
    - District Contribution: $0.00
    - Employee Contribution: $17.50
- **$75,000**
  - Supplemental
    - Total Premium Cost: $26.25
    - District Contribution: $0.00
    - Employee Contribution: $26.25
- **$100,000**
  - Supplemental
    - Total Premium Cost: $35.00
    - District Contribution: $0.00
    - Employee Contribution: $35.00
- **$1,500 Dep. Life**
  - Total Premium Cost: $0.54
  - District Contribution: $0.00
  - Employee Contribution: $0.54
- **$10,000 Dep. Life**
  - Total Premium Cost: $3.60
  - District Contribution: $0.00
  - Employee Contribution: $3.60

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*This option 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 coverage**