

**BENEFIT COST SCHEDULE**

1/1/2016 - 12/31/2016

**CERTIFICATED - 100%**

*Amounts shown tenthly*

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
<b>MEDICAL</b>				
<b>KAISER</b>	Employee Only	\$790.87	\$790.87	\$0.00
	Employee + one	\$1,581.74	\$1,384.02	\$197.72
	Family	\$2,238.16	\$1,876.34	\$361.82
	In-District - Family*	\$1,447.29	\$1,283.19	\$164.10
<b>WESTERN HEALTH ADVANTAGE</b>	Employee Only	\$733.33	\$733.33	\$0.00
	Employee + one	\$1,462.00	\$1,279.83	\$182.17
	Family	\$2,190.61	\$1,826.29	\$364.32
	In-District - Family*	\$1,457.28	\$1,276.29	\$180.99
<b>Waiver of medical insurance**</b> <i>Employee receives as cash</i>			<b>\$55.00</b>	
<b>DENTAL</b>				
<b>DELTA PREMIER/DELTA PPO</b>	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
<b>DELTACARE- Dental HMO</b>	Family	\$60.82	\$60.82	\$0.00
<b>VISION</b>				
<b>VSP</b>	Employee	\$11.33	\$11.33	\$0.00
<b>LIFE INSURANCE</b>				
\$100,000 basic life	Employee	\$11.20	\$11.20	\$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 coverage*