

BENEFIT COST SCHEDULE

7/1/2015 - 12/31/2015

CERTIFICATED - 100%

Amounts shown tenthly

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$756.03	\$756.03	\$0.00
	Employee + one	\$1,512.06	\$1,323.05	\$189.01
	Family	\$2,139.57	\$1,793.69	\$345.88
	In-District - Family*	\$1,383.54	\$1,226.66	\$156.88
WESTERN HEALTH ADVANTAGE	Employee Only	\$714.01	\$714.01	\$0.00
	Employee + one	\$1,428.06	\$1,249.55	\$178.51
	Family	\$2,142.06	\$1,785.05	\$357.01
	In-District - Family*	\$1,428.05	\$1,249.54	\$178.51
Waiver of medical insurance** Employee receives as cash			\$55.00	
DENTAL				
DELTA PREMIER/DELTA PPO	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
DELTACARE- Dental HMO	Family	\$59.04	\$59.04	\$0.00
VISION				
VSP	Employee	\$11.33	\$11.33	\$0.00
LIFE INSURANCE				
\$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		\$0.54
\$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*