

**BENEFIT COST SCHEDULE**

1/1/2017 - 12/31/2017

**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	\$850.11	\$850.11	\$0.00
	Employee + one	\$1,700.21	\$1,487.69	\$212.52
	Family	\$2,405.80	\$2,016.88	\$388.92
	In-District - Family*	\$1,555.69	\$1,379.30	\$176.39
<b>WESTERN HEALTH ADVANTAGE</b>	Employee Only	\$771.70	\$771.70	\$0.00
	Employee + one	\$1,538.48	\$1,346.79	\$191.69
	Family	\$2,305.21	\$1,921.83	\$383.38
	In-District - Family*	\$1,533.51	\$1,343.06	\$190.45
<b>Waiver of medical insurance** Employee receives as cash</b>			<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*