

BENEFIT COST SCHEDULE
CERTIFICATED - 100%
Amounts shown tenthly

1/1/2019 - 12/31/2019

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$925.70	\$925.70	\$0.00
	Employee + one	\$1,851.40	\$1,619.98	\$231.42
	Family	\$2,619.73	\$2,196.22	\$423.51
	In-District - Family*	\$1,694.03	\$1,501.95	\$192.08
WESTERN HEALTH ADVANTAGE	Employee Only	\$754.43	\$754.43	\$0.00
	Employee + one	\$1,504.07	\$1,316.66	\$187.41
	Family	\$2,253.65	\$1,878.85	\$374.80
	In-District - Family*	\$1,499.22	\$1,313.02	\$186.20
<i>Waiver of medical insurance** Employee receives as cash</i>			\$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	\$60.82	\$60.82	\$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	\$0.00	\$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 non-Exchange coverage

BENEFIT COST SCHEDULE
CERTIFICATED - 75%
Amounts shown tenthly

1/1/2019 - 12/31/2019

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$925.70	\$694.28	\$231.42
	Employee + one	\$1,851.40	\$1,214.98	\$636.42
	Family	\$2,619.73	\$1,647.17	\$972.56
	In-District - Family*	\$1,694.03	\$1,126.46	\$567.57
WESTERN HEALTH ADVANTAGE	Employee Only	\$754.43	\$565.82	\$188.61
	Employee + one	\$1,504.07	\$987.50	\$516.57
	Family	\$2,253.65	\$1,409.13	\$844.52
	In-District - Family*	\$1,499.22	\$984.77	\$514.45
<i>Waiver of medical insurance** Employee receives as cash</i>			\$41.25	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$53.25	\$17.75
	Employee + one	\$136.00	\$53.25	\$82.75
	Family	\$208.00	\$53.25	\$154.75
	In-District - Family*	\$137.00	\$53.25	\$83.75
DELTA CARE	Family	\$60.82	\$45.62	\$15.20
VISION				
VSP	Employee	\$11.33	\$8.50	\$2.83
LIFE INSURANCE				
\$100,000 basic life	Employee	\$11.20	\$8.40	\$2.80
\$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

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BENEFIT COST SCHEDULE
CERTIFICATED - 50%
Amounts shown tenthly

1/1/2019 - 12/31/2019

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$925.70	\$462.85	\$462.85
	Employee + one	\$1,851.40	\$809.99	\$1,041.41
	Family	\$2,619.73	\$1,098.11	\$1,521.62
	In-District - Family*	\$1,694.03	\$750.97	\$943.06
WESTERN HEALTH ADVANTAGE	Employee Only	\$754.43	\$377.22	\$377.21
	Employee + one	\$1,504.07	\$658.33	\$845.74
	Family	\$2,253.65	\$939.42	\$1,314.23
	In-District - Family*	\$1,499.22	\$656.51	\$842.71
Waiver of medical insurance** Employee receives as cash			\$27.50	
DENTAL				
DELTA PREMIER/DELTA PPO	Employee Only	\$71.00	\$35.50	\$35.50
	Employee + one	\$136.00	\$35.50	\$100.50
	Family	\$208.00	\$35.50	\$172.50
	In-District - Family*	\$137.00	\$35.50	\$101.50
DELTA CARE	Family	\$60.82	\$30.41	\$30.41
VISION				
VSP	Employee	\$11.33	\$5.67	\$5.66
LIFE INSURANCE				
\$100,000 basic life	Employee	\$11.20	\$5.60	\$5.60
\$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

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BENEFIT COST SCHEDULE
CERTIFICATED - 25%
Amounts shown tenthly

1/1/2019 - 12/31/2019

BENEFIT PROVIDER	TYPE OF COVERAGE	TOTAL PREMIUM COST	DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL				
KAISER	Employee Only	\$925.70	\$231.43	\$694.27
	Employee + one	\$1,851.40	\$404.99	\$1,446.41
	Family	\$2,619.73	\$549.06	\$2,070.67
	In-District - Family*	\$1,694.03	\$375.49	\$1,318.54
WESTERN HEALTH ADVANTAGE	Employee Only	\$754.43	\$188.61	\$565.82
	Employee + one	\$1,504.07	\$329.17	\$1,174.90
	Family	\$2,253.65	\$469.71	\$1,783.94
	In-District - Family*	\$1,499.22	\$328.26	\$1,170.96
<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	\$60.82	\$15.21	\$45.61
VISION				
VSP	Employee	\$11.33	\$2.83	\$8.50
LIFE INSURANCE				
\$100,000 basic life	Employee	\$11.20	\$2.80	\$8.40
\$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

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