

**All Rates Are MONTHLY**

**July 1, 2024 through June 30, 2025**

	<b>Kaiser</b>	<b>PPO</b>	<b>DPPO</b>	<b>Retiree DPPO</b>	
Employee Only	\$916.37	\$1,478.39	\$84.30	\$91.97	
Two Party	\$1,832.74	\$2,968.65	\$151.73	\$165.53	
Family	\$2,593.33	\$4,160.75	\$177.01	\$193.12	
	<b>New</b>	<b>New</b>	No Change	No Change	
<b>Next Renewal</b>	7/1/2025	7/1/2025	7/1/2027	7/1/2027	
	<b>Vision</b>	<b>EAP</b>	<b>DHMO</b>		
	\$9.33	\$1.40	\$26.95		
	\$18.71	\$1.40	\$49.79		
	\$30.10	\$1.40	\$89.38		
	No Change	No Change	No Change		
<b>Next Renewal</b>	7/1/2028	7/1/2025	7/1/2027		
<b>Basic Life</b>	<b>Active</b>	<b>Active Life</b>	<b>Retiree</b>	<b>LTD</b>	<b>IPP</b>
per \$1,000	\$0.05	\$50,000	\$1.80	\$0.14	15%
<b>Dependent Life</b>				per \$100 of	Of SJUSD
Per \$1,000	\$0.30	\$2,000	\$0.30	Covered Pay	Covered Pay
Basic Life, LTD, IPP	No Change	No Change	No Change	No Change	No Change
Dependent Life	No Change	No Change	No Change		
<b>Next Renewal</b>	7/1/2025	7/1/2025	7/1/2025	7/1/2025	7/1/2025
<b>EE Contribution</b>	<b>Medical</b>	<b>DPPO</b>	<b>Retiree DPPO</b>	<b>DHMO</b>	
Employee Only	\$0.00	\$0.00	\$91.97	\$0.00	
Two Party	\$150.00	\$0.00	\$165.53	\$0.00	
Family	\$250.00	\$0.00	\$193.12	\$0.00	
	<b>New</b>	No Change	No Change	No Change	
<b>Effective Date</b>	7/1/2024	7/1/2024	7/1/2024	7/1/2024	
	<b>EAP</b>	<b>Life/LTD</b>	<b>Vision</b>		
	\$0.00	\$0.00	\$9.33		
	\$0.00	\$0.00	\$18.71		
	\$0.00	\$0.00	\$30.10		
	No Change	No Change	No Change		
<b>Effective Date</b>	7/1/2024	7/1/2024	7/1/2024		

## SJUSD Monthly Contribution Rates - Employee Benefit Plans July 1, 2024 through June 30, 2025

### Foundation (PPO) Medical or Kaiser (HMO) Medical

Group	Employee Only Rate			Two Party Rate			Family Rate		
	<u>Employee Amount</u>		<u>District Amount</u>	<u>Employee Amount</u>		<u>District Amount</u>	<u>Employee Amount</u>		<u>District Amount</u>
	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO
100	\$0.00	\$1,478.39	\$916.37	\$0.00	\$2,968.65	\$1,832.74	\$0.00	\$4,160.75	\$2,593.33
87.5	\$0.00	\$1,478.39	\$916.37	\$150.00	\$2,818.65	\$1,682.74	\$250.00	\$3,910.75	\$2,343.33
75.0	\$0.00	\$1,478.39	\$916.37	\$150.00	\$2,818.65	\$1,682.74	\$250.00	\$3,910.75	\$2,343.33

### Dental Plan

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>
	DPPO		DPPO		DPPO	
100	\$0.00	\$84.30	\$0.00	\$151.73	\$0.00	\$177.01
87.5	\$0.00	\$84.30	\$0.00	\$151.73	\$0.00	\$177.01
75.0	\$0.00	\$84.30	\$0.00	\$151.73	\$0.00	\$177.01

  

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>
	DHMO		DHMO		DHMO	
100	\$0.00	\$26.95	\$0.00	\$49.79	\$0.00	\$89.38
87.5	\$0.00	\$26.95	\$0.00	\$49.79	\$0.00	\$89.38
75.0	\$0.00	\$26.95	\$0.00	\$49.79	\$0.00	\$89.38

### Voluntary Vision Plan (VSP)

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>
	100	\$9.33	\$0.00	\$18.71	\$0.00	\$30.10
87.5	\$9.33	\$0.00	\$18.71	\$0.00	\$30.10	\$0.00
75.0	\$9.33	\$0.00	\$18.71	\$0.00	\$30.10	\$0.00

### Life Insurance - \$50,000 Policy

Group	Employee Only Rate		Employee Only Rate	
	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>
	100	\$0.00	\$2.50	\$0.00
87.5	\$0.00	\$2.50	\$0.00	\$0.60
75.0	\$0.00	\$2.50	\$0.00	\$0.60

### Dependent Life - \$2,000 Policy

FTE %	Hours	Group
93.75 - 100.00%	7.5 - 8.0	100
81.25 - 93.74%	7.0 - 7.49	87.5
75.00 - 81.24%	6.0 - 6.49	75.0

**SJUSD Eleventhly Contribution Rates - Employee Benefit Plans  
July 1, 2024 through June 30, 2025**

**Foundation (PPO) Medical or Kaiser (HMO) Medical**

	Employee Only Rate			Two Party Rate			Family Rate		
	<u>Amount</u>		<u>District Amount</u>	<u>Employee Amount</u>		<u>District Amount</u>	<u>Amount</u>		<u>District Amount</u>
	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO
Group									
100	\$0.00	\$1,612.79	\$999.68	\$0.00	\$3,238.53	\$1,999.35	\$0.00	\$4,539.00	\$2,829.09
87.5	\$0.00	\$1,612.79	\$999.68	\$163.64	\$3,074.89	\$1,835.72	\$272.73	\$4,266.27	\$2,556.36
75.0	\$0.00	\$1,612.79	\$999.68	\$163.64	\$3,074.89	\$1,835.72	\$272.73	\$4,266.27	\$2,556.36

**Dental Plan**

	Employee Only Rate			Two Party Rate			Family Rate		
	<u>Amount</u>		<u>District Amount</u>	<u>Employee Amount</u>		<u>District Amount</u>	<u>Amount</u>		<u>District Amount</u>
	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO
Group									
100	\$0.00	\$91.96	\$91.96	\$0.00	\$165.52	\$165.52	\$0.00	\$193.10	\$193.10
87.5	\$0.00	\$91.96	\$91.96	\$0.00	\$165.52	\$165.52	\$0.00	\$193.10	\$193.10
75.0	\$0.00	\$91.96	\$91.96	\$0.00	\$165.52	\$165.52	\$0.00	\$193.10	\$193.10
<b>DHMO</b>									
	<u>Employee Amount</u>	<u>District Amount</u>		<u>Employee Amount</u>	<u>District Amount</u>		<u>Employee Amount</u>	<u>District Amount</u>	
100	\$0.00	\$29.40	\$29.40	\$0.00	\$54.32	\$54.32	\$0.00	\$97.51	\$97.51
87.5	\$0.00	\$29.40	\$29.40	\$0.00	\$54.32	\$54.32	\$0.00	\$97.51	\$97.51
75.0	\$0.00	\$29.40	\$29.40	\$0.00	\$54.32	\$54.32	\$0.00	\$97.51	\$97.51

**Voluntary Vision Plan (VSP)**

	Employee Only Rate			Two Party Rate			Family Rate		
	<u>Amount</u>		<u>District Amount</u>	<u>Employee Amount</u>		<u>District Amount</u>	<u>Amount</u>		<u>District Amount</u>
	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO
Group									
100	\$10.18	\$0.00	\$0.00	\$20.41	\$0.00	\$0.00	\$32.84	\$0.00	\$0.00
87.5	\$10.18	\$0.00	\$0.00	\$20.41	\$0.00	\$0.00	\$32.84	\$0.00	\$0.00
75.0	\$10.18	\$0.00	\$0.00	\$20.41	\$0.00	\$0.00	\$32.84	\$0.00	\$0.00

**Life Insurance - \$50,000 Policy**

	Employee Only Rate	
	<u>Amount</u>	<u>District Amount</u>
Group		
100	\$0.00	\$2.73
87.5	\$0.00	\$2.73
75.0	\$0.00	\$2.73

**Dependent Life - \$2,000 Policy**

	Employee Only Rate	
	<u>Employee Amount</u>	<u>District Amount</u>
Group		
100	\$0.00	\$0.66
87.5	\$0.00	\$0.66
75.0	\$0.00	\$0.66

FTE %	Hours	Group
93.75 - 100.00%	7.5 - 8.0	100
81.25 - 93.74%	7.0 - 7.49	87.5
75.00 - 81.24%	6.0 - 6.49	75.0

## SJUSD Annual Contribution Rates - Employee Benefit Plans July 1, 2024 through June 30, 2025

### Foundation (PPO) Medical or Kaiser (HMO) Medical

Group	Employee Only Rate			Two Party Rate			Family Rate		
	<u>Amount</u>	<u>District Amount</u>		<u>Amount</u>	<u>District Amount</u>		<u>Amount</u>	<u>District Amount</u>	
	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO
100	\$0.00	\$17,740.68	\$10,996.44	\$0.00	\$35,623.80	\$21,992.88	\$0.00	\$49,929.00	\$31,119.96
87.5	\$0.00	\$17,740.68	\$10,996.44	\$1,800.00	\$33,823.80	\$20,192.88	\$3,000.00	\$46,929.00	\$28,119.96
75.0	\$0.00	\$17,740.68	\$10,996.44	\$1,800.00	\$33,823.80	\$20,192.88	\$3,000.00	\$46,929.00	\$28,119.96

### Dental Plan

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>
	DPPO		DPPO		DPPO	
100	\$0.00	\$1,011.60	\$0.00	\$1,820.76	\$0.00	\$2,124.12
87.5	\$0.00	\$1,011.60	\$0.00	\$1,820.76	\$0.00	\$2,124.12
75.0	\$0.00	\$1,011.60	\$0.00	\$1,820.76	\$0.00	\$2,124.12
Group	<u>Employee Amount</u>		<u>Employee Amount</u>		<u>Employee Amount</u>	
	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>
	DHMO		DHMO		DHMO	
100	\$0.00	\$323.40	\$0.00	\$597.48	\$0.00	\$1,072.56
87.5	\$0.00	\$323.40	\$0.00	\$597.48	\$0.00	\$1,072.56
75.0	\$0.00	\$323.40	\$0.00	\$597.48	\$0.00	\$1,072.56

### Voluntary Vision Plan (VSP)

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>
	Employee		Employee		Employee	
100	\$111.96	\$0.00	\$224.52	\$0.00	\$361.20	\$0.00
87.5	\$111.96	\$0.00	\$224.52	\$0.00	\$361.20	\$0.00
75.0	\$111.96	\$0.00	\$224.52	\$0.00	\$361.20	\$0.00

### Life Insurance - \$50,000 Policy

Group	Employee Only Rate	
	<u>Employee Amount</u>	<u>District Amount</u>
	Employee	
100	\$0.00	\$30.00
87.5	\$0.00	\$30.00
75.0	\$0.00	\$30.00

### Dependent Life - \$2,000 Policy

Group	Employee Only Rate	
	<u>Employee Amount</u>	<u>District Amount</u>
	Employee	
100	\$0.00	\$7.20
87.5	\$0.00	\$7.20
75.0	\$0.00	\$7.20

FTE %	Hours	Group
93.75 - 100.00%	7.5 - 8.0	100
81.25 - 93.74%	7.0 - 7.49	87.5
75.00 - 81.24%	6.0 - 6.49	75.0

# SJUSD Monthly Rates - Kaiser KPSA Program

## July 1, 2024 through June 30, 2025

### Monthly Individual Rates

With Medicare:

A & B    \$200.85

B Only    \$510.85

Medicare (KPSA) Combination Rates	Medical Rate w/ Chiro
Subscriber with Medicare	\$200.87
Subscriber with Medicare + Spouse Non-Medicare	1,030.89
Subscriber Non-Medicare + Spouse with Medicare	1,030.89
Subscriber with Medicare + Spouse with Medicare	401.74
Subscriber with Medicare + Child Non-Medicare	1,030.89
Subscriber with Medicare + Children Non-Medicare	1,719.80
Subscriber with Medicare + Spouse with Medicare + Child Non-Medicare	1,090.65
Subscriber with Medicare + Spouse Non-Medicare + Child Non-Medicare	1,719.80
Subscriber Non-Medicare + Spouse with Medicare + Child Non-Medicare	1,719.80
Subscriber with Medicare + Spouse with Medicare + Children Non-Medicare	1,090.65
Subscriber with Medicare + Spouse Non-Medicare + Children Non-Medicare	1,719.80
Subscriber Non-Medicare + Spouse with Medicare + Children Non-Medicare	1,719.80

**MONTHLY Rates**

Next renewal - 7/1/2025

**Employee Life per \$1,000**

Age Band	Renewal Rate
< 25	0.05
25-29	0.06
30-34	0.08
35-39	0.09
40-44	0.14
45-49	0.21
50-54	0.32
55-59	0.43
60-64	0.66
65-69	1.27
70 +	2.06

Table I

\$0.05

\$0.06

\$0.08

\$0.09

\$0.10

\$0.15

\$0.23

\$0.43

\$0.66

\$1.27

\$2.06

**AD&D per \$1,000**

Rate Grouping	Renewal Rate
Employee AD&D	0.03
Spouse AD&D	0.03
Child AD&D	0.03

**Dependent Life per \$1,000**

Rate Grouping	Rate Type	Renewal Rate
Child Life	Composite	0.15
Spouse Life	< 25	0.05
Spouse Life	25-29	0.06
Spouse Life	30-34	0.08
Spouse Life	35-39	0.09
Spouse Life	40-44	0.14
Spouse Life	45-49	0.21
Spouse Life	50-54	0.32
Spouse Life	55-59	0.43
Spouse Life	60-64	0.66
Spouse Life	65-69	1.27
Spouse Life	70 +	2.06