

**San Ysidro School District - 2020 Certificated Estimated Rates**

Plan + Dental one party coverage	Monthly Payroll Deduction	Monthly Employer Contribution	2020 Medical Plan Monthly Cost
<b>Kaiser (10)</b>			
Single + Metlife	-	618.00	618.00
Single + Delta	-	618.00	618.00
Dual + Metlife	372.73	846.27	1,219.00
Dual + Delta	381.04	837.96	1,219.00
Family + Metlife	756.08	961.92	1,718.00
Family + Delta	764.40	953.60	1,718.00

<b>United HealthCare-Net1</b>			
Single + Metlife	3.97	735.03	739.00
Single + Delta	12.28	726.72	739.00
Dual + Metlife	No Participants	No Participants	1,448.00
Dual + Delta	556.97	891.03	1,448.00
Family + Metlife	997.31	1,034.69	2,032.00
Family + Delta	1,005.63	1,026.37	2,032.00

<b>United HealthCare-Net2</b>			
Single + Metlife	No Participants	No Participants	1,004.00
Single + Delta	215.87	788.13	1,004.00
Dual + Metlife	No Participants	No Participants	1,972.00
Dual + Delta	No Participants	No Participants	1,975.00
Family + Metlife	No Participants	No Participants	2,770.00
Family + Delta	No Participants	No Participants	2,770.00

<b>United HealthCare Alliance 1200</b>			
Single + Metlife	No Participants	No Participants	795.00
Single + Delta	55.30	739.70	795.00
Dual + Metlife	No Participants	No Participants	1,504.00
Dual + Delta	No Participants	No Participants	1,504.00
Family + Metlife	No Participants	No Participants	2,096.00
Family + Delta	No Participants	No Participants	2,096.00

<b>SIMNSA</b>			
Single + Metlife	-	241.00	241.00
Single + Delta	-	241.00	241.00
Dual + Metlife	-	421.00	421.00
Dual + Delta	-	421.00	421.00
Family + Metlife	-	620.00	620.00
Family + Delta	-	620.00	620.00

<b>New Plans for the Year 2020</b>			
Plan + Dental one party coverage	Monthly Payroll Deduction	Monthly Employer Contribution	2020 Medical Plan Monthly Cost
<b>Harmony \$10 Sharp/UCSD</b>			
Single + Metlife	-	695.00	695.00
Single + Delta	-	695.00	695.00
Dual + Metlife	482.59	879.41	1,362.00
Dual + Delta	490.90	871.10	1,362.00
Family + Metlife	905.12	1,006.88	1,912.00
Family + Delta	913.44	998.56	1,912.00
<b>Alliance \$20/\$30 UCSD/Scipps/Mercy/Childrens</b>			
Single + Metlife	27.78	742.22	770.00
Single + Delta	36.09	733.91	770.00
Dual + Metlife	587.07	910.93	1,498.00
Dual + Delta	595.38	902.62	1,498.00
Family + Metlife	1,044.18	1,048.82	2,093.00
Family + Delta	1,052.49	1,040.51	2,093.00
<b>Journey Harmony Sharp/UCSD \$800/\$1,600/\$2,200</b>			
Single + Metlife	-	625.00	625.00
Single + Delta	-	625.00	625.00
Dual + Metlife	375.03	846.97	1,222.00
Dual + Delta	383.34	838.66	1,222.00
Family + Metlife	748.40	959.60	1,708.00
Family + Delta	756.71	951.29	1,708.00
<b>Journey Alliance Sharp/UCSD \$350/\$700/\$1,100</b>			
Single + Metlife	-	666.00	666.00
Single + Delta	-	666.00	666.00
Dual + Metlife	425.74	862.26	1,288.00
Dual + Delta	434.05	853.95	1,288.00
Family + Metlife	824.46	982.54	1,807.00
Family + Delta	832.77	974.23	1,807.00

Dental Cost	Delta Dental PPO	MetLife Dental HMO
Single	No Cost	No Cost
Two party	\$40.81	No Cost
Family	\$81.61	No Cost