San Ysidro School District - 2024 Certificated Tentative Rates

Plan + Dental one party coverage	Monthly Payroll Deduction	Monthly Employer Contribution	2024 Medical Plan Monthly Cost
	Kaiser (10)		
Single + Metlife		798.00	798.00
Single + Delta		798.00	798.00
Dual + Metlife	536.56	1,035.44	1,572.00
Dual + Delta	544.26	1,027.74	1,572.00
Family + Metlife	823.74	1,152.26	1,976.00
Family + Delta	831.44	1,144.56	1,976.00
	United HealthCare-Net1		
Single + Metlife	19.07	824.93	844.00
Single + Delta	26.76	817.24	844.00
Dual + Metlife	607.00	1,063.00	1,670.00
Dual + Delta	613.92	1,056.08	1,670.00
Family + Metlife	1,085.33	1,258.67	2,344.00
Family + Delta	1,093.02	1,250.98	2,344.00
Harmony $10	**Sharp/UCSD**		
Single + Metlife		802.00	802.00
Single + Delta		802.00	802.00
Dual + Metlife	536.56	1,035.44	1,572.00
Dual + Delta	544.26	1,027.74	1,572.00
Family + Metlife	990.00	1,218.00	2,208.00
Family + Delta	996.35	1,211.65	2,208.00
	SIMNSA		
Single + Metlife		278.00	278.00
Single + Delta		278.00	278.00
Dual + Metlife		487.00	487.00
Dual + Delta		487.00	487.00
Family + Metlife		715.00	715.00
Family + Delta		715.00	715.00

Plan + Dental one party coverage	Monthly Payroll Deduction	Monthly Employer Contribution	2024 Medical Plan Monthly Cost
Journey Harmony	**Sharp/UCSD $1,000/$1,600/$2,200**		
Single + Metlife		750.00	750.00
Single + Delta		750.00	750.00
Dual + Metlife	437.05	994.95	1,432.00
Dual + Delta	444.74	987.26	1,432.00
Family + Metlife	*842.94*	*1,160.06*	*2,003.00*
Family + Delta	*850.63*	*1,152.37*	*2,003.00*
Alliance $20/$30	**UCSD/Scipps/Mercy/Childrens**		
Single + Metlife	*68.83*	*845.17*	*914.00*
Single + Delta	76.52	837.48	914.00
Dual + Metlife	*689.91*	*1,093.09*	*1,783.00*
Dual + Delta	697.68	1,085.32	1,783.00
Family + Metlife	*1,203.23*	*1,291.77*	*2,495.00*
Family + Delta	1,200.36	1,294.64	2,495.00
UHP HMO Net 3 $20/$30			
Single + Metlife	49.64	837.36	887.00
Single + Delta	57.33	829.67	887.00
Dual + Metlife	*544.38*	*1,038.62*	*1,583.00*
Dual + Delta	*552.07*	*1,030.93*	*1,583.00*
Family + Metlife	*999.32*	*1,223.68*	*2,223.00*
Family + Delta	*1,007.01*	*1,215.99*	*2,223.00*

Dental Cost	Delta Dental PPO	MetLife Dental HMO
Single	No Cost	No Cost
Two party	$44.89	No Cost
Family	$89.77	No Cost