

San Ysidro School District - 2024 Classified Tentative Rates All Plans

Plan + Dental one party coverage	Monthly Payroll Deduction	Monthly Employer Contribution	2024 Medical Plan Monthly Cost
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Kaiser 10 -100 Day

Single + Metlife		817.00	817.00
Single + Delta	3.54	813.46	817.00
Dual + Metlife	280.96	1,330.04	1,611.00
Dual + Delta	284.79	1,326.21	1,611.00
Family + Metlife	514.38	1,755.62	2,270.00
Family + Delta	518.22	1,751.78	2,270.00

United HealthCare-Net1

Single + Metlife	9.27	834.73	844.00
Single + Delta	13.11	830.89	844.00
Dual + Metlife	301.69	1,368.31	1,670.00
Dual + Delta	305.69	1,364.31	1,670.00
Family + Metlife	540.30	1,803.70	2,344.00
Family + Delta	544.43	1,799.57	2,344.00

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

Dental Cost

Delta Dental PPO

MetLife Dental HMO

Single	No Cost	No Cost
Two party	\$44.89	No Cost
Family	\$89.77	No Cost

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Harmony \$10 Sharp/UCSD

Single + Metlife		802.00	802.00
Single + Delta		802.00	802.00
Dual + Metlife	267.00	1,305.00	1,572.00
Dual + Delta	270.97	1,301.03	1,572.00
Family + Metlife	492.16	1,715.84	2,208.00
Family + Delta	496.25	1,711.75	2,208.00

Alliance \$20/\$30 UCSD/Scipps/Mercy/Childrens

Single + Metlife	34.23	879.77	914.00
Single + Delta	38.10	875.90	914.00
Dual + Metlife	357.93	1,425.07	1,783.00
Dual + Delta	362.12	1,420.88	1,783.00
Family + Metlife	641.64	1,853.36	2,495.00
Family + Delta	646.08	1,848.92	2,495.00

Journey Harmony Sharp/UCSD \$1,000/\$1,600/\$2,200

Single + Metlife		750.00	750.00
Single + Delta		750.00	750.00
Dual + Metlife	217.55	1,214.45	1,432.00
Dual + Delta	221.38	1,210.62	1,432.00
Family + Metlife	419.81	1,583.19	2,003.00
Family + Delta	423.64	1,579.36	2,003.00