

San Ysidro School District - 2026 Classified Final Rates

Plan + Dental one party coverage	Monthly Payroll Deduction	Monthly Employer Contribution	2026 Medical Plan Monthly Cost
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Kaiser 10 -100 Day

Single + Metlife	28.50	946.50	975.00
Single + Delta	32.68	942.32	975.00
Dual + Metlife	394.40	1,528.60	1,923.00
Dual + Delta	398.57	1,524.43	1,923.00
Family + Metlife	698.15	2,011.85	2,710.00
Family + Delta	702.33	2,007.67	2,710.00

VEBA Direct

Single + Metlife	22.71	937.29	960.00
Single + Delta	26.89	933.11	960.00
Dual + Metlife	385.41	1,514.59	1,900.00
Dual + Delta	389.70	1,510.30	1,900.00
Family + Metlife	680.97	1,985.03	2,666.00
Family + Delta	685.35	1,980.65	2,666.00

SIMNSA

Single + Metlife	-	303.00	303.00
Single + Delta	-	303.00	303.00
Dual + Metlife	-	528.00	528.00
Dual + Delta	-	528.00	528.00
Family + Metlife	-	774.00	774.00
Family + Delta	-	774.00	774.00

***The above Medical rates with Delta includes the coverage for the employee only. Cost for Delta coverage for additional dependents are list below.**

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	6.50	911.50	918.00
Single + Delta	10.68	907.32	918.00
Dual + Metlife	346.44	1,452.56	1,799.00
Dual + Delta	350.71	1,448.29	1,799.00
Family + Metlife	625.80	1,897.20	2,523.00
Family + Delta	630.15	1,892.85	2,523.00

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

Single + Metlife	58.68	989.32	1,048.00
Single + Delta	63.03	984.97	1,048.00
Dual + Metlife	421.41	1,511.59	1,933.00
Dual + Delta	425.94	1,507.06	1,933.00
Family + Metlife	751.00	1,956.00	2,707.00
Family + Delta	755.68	1,951.32	2,707.00

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

Single + Metlife	-	845.00	845.00
Single + Delta	-	845.00	845.00
Dual + Metlife	284.49	1,331.51	1,616.00
Dual + Delta	288.93	1,327.07	1,616.00
Family + Metlife	571.15	1,686.85	2,258.00
Family + Delta	575.96	1,682.04	2,258.00