

**ESCONDIDO UNION HIGH SCHOOL DISTRICT
2020 CERTIFICATED RATES AND CONTRIBUTIONS
Full time employees**

Benefit Provider	Coverage Level	Plan Rate	Employee Cost
		<u>Tenthly</u>	<u>Tenthly</u>
Kaiser \$15 co-pay	Single	\$ 732.00	\$ 0
	Two Party	\$ 1,446.00	\$ 0
	Family	\$ 2,038.00	\$ 35.00
United HealthCare			
Network 1	Single	\$ 820.00	\$ 0
	Two Party	\$ 1,618.00	\$ 77.00
	Family	\$ 2,269.00	\$ 200.91
Network 2	Single	\$ 1,036.00	\$ 0
	Two Party	\$ 2,047.00	\$ 466.00
	Family	\$ 2,875.00	\$ 750.91
Alliance 20/30	Single	\$ 864.00	\$ 0
	Two Party	\$ 1,681.00	\$ 129.00
	Family	\$ 2,347.00	\$ 263.91
Alliance HRA	Single	\$ 898.00	\$ 0
	Two Party	\$ 1,687.00	\$ 369.00
	Family	\$ 2,346.00	\$ 555.91
ALL KAISER AND UNITED HEALTHCARE PLANS INCLUDE :			
Delta Dental Premier PPO	Single	\$ 75.26	\$ 0
	Two Party	\$ 150.53	\$ 0
	Family	\$ 210.71	\$ 0
VSP Vision	Single	\$ 9.61	\$ 0
	Two Party	\$ 13.93	\$ 0
	Family	\$ 25.00	\$ 0
Minnesota Life Ins. \$20,000	*Employee	\$ 2.66	\$ 0

* Age reductions will apply the first day of the month following an insured employee's 65th, 70th and 75th Birthday .

Employee cost includes medical, dental, vision and life insurance
 Certificated tenthly deductions are processed August - May (no deductions in June and July)
 Certificated ADULT ED deductions are processed October - July (no deductions in August and Sept.)