

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

Benefit Provider	Coverage	Plan Rate	Employee Cost
		<u>Tenthly</u>	<u>Tenthly</u>
Kaiser \$10 co-pay	Single	\$ 758.00	\$ 97.78
	Two Party	\$ 1,497.00	\$ 193.52
	Family	\$ 2,111.00	\$ 276.05
United HealthCare			
Network 1	Single	\$ 832.00	\$ 140.84
	Two Party	\$ 1,641.00	\$ 278.31
	Family	\$ 2,301.00	\$ 388.07
Network 2	Single	\$ 1,049.00	\$ 337.84
	Two Party	\$ 2,073.00	\$ 536.72
	Family	\$ 2,912.00	\$ 752.20
Alliance 20/30	Single	\$ 888.00	\$ 195.84
	Two Party	\$ 1,732.00	\$ 366.31
	Family	\$ 2,422.00	\$ 507.07
Alliance HRA	Single	\$ 909.00	\$ 365.84
	Two Party	\$ 1,714.00	\$ 596.31
	Family	\$ 2,387.00	\$ 785.07

ALL KAISER AND UNITED HEALTHCARE PLANS INCLUDE :

Delta Dental Premier PPO	Single	\$ 86.68	\$ 0
	Two Party	\$ 173.36	\$ 0
	Family	\$ 234.25	\$ 0
VSP Vision	Single	\$ 12.32	\$ 0
	Two Party	\$ 17.84	\$ 0
	Family	\$ 32.00	\$ 0
Minnesota Life Ins. \$20,000	*Employee	\$ 2.66	\$ 0

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

Employee cost includes medical, dental, vision and life insurance

Classified tenthly deductions are processed August - May (no deductions in June and July)

Classified ADULT ED deductions are processed Sept - June (no deductions in July and August)