

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

Benefit Provider	Coverage	Plan Rate	Employee Cost
		<u>Tenthly</u>	<u>Tenthly</u>
<b>Kaiser \$10 co-pay</b>	Single	\$ 758.00	\$ 0
	Two Party	\$ 1,497.00	\$ 64.07
	Family	\$ 2,111.00	\$ 599.32
<b>United HealthCare</b>			
<b>Network 1</b>	Single	\$ 837.00	\$ 0
	Two Party	\$ 1,652.00	\$ 219.07
	Family	\$ 2,316.00	\$ 804.32
<b>Network 2</b>	Single	\$ 1,032.00	\$ 0
	Two Party	\$ 2,041.00	\$ 655.07
	Family	\$ 2,866.00	\$ 1420.32
<b>Journey / Harmony</b>	Single	\$ 737.00	\$ 0
	Two Party	\$ 1,451.00	\$ 18.07
	Family	\$ 2,028.00	\$ 516.32
<b>Alliance HRA</b>	Single	\$ 943.00	\$ 106.00
	Two Party	\$ 1,778.00	\$ 345.07
	Family	\$ 2,483.00	\$ 971.32
<b>ALL KAISER AND UNITED HEALTHCARE PLANS INCLUDE :</b>			
<b>Delta Dental Premier PPO</b>	Single	\$ 83.84	\$ 0
	Two Party	\$ 167.65	\$ 0
	Family	\$ 234.74	\$ 0
<b>VSP Vision</b>	Single	\$ 12.32	\$ 0
	Two Party	\$ 17.84	\$ 0
	Family	\$ 32.00	\$ 0
<b>Minnesota Life Ins. \$20,000</b>	*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**  
Management tenthly deductions are processed August - May (no deductions in June and July)