

**ESCONDIDO UNION HIGH SCHOOL DISTRICT  
2021 CERTIFICATED RATES AND CONTRIBUTIONS  
Full time employees**

Benefit Provider	Coverage Level	Plan Total Cost	Employee Cost
		<u>Tenthly</u>	<u>Tenthly</u>
<b>Kaiser \$15 co-pay</b>	Single	\$ 780.00	\$ 0
	Two Party	\$ 1,544.00	\$ 0
	Family	\$ 2,176.00	\$ 35.00
<b>United HealthCare</b>			
Network 1	Single	\$ 844.00	\$ 0
	Two Party	\$ 1,665.00	\$ 77.00
	Family	\$ 2,335.00	\$ 200.91
Network 2	Single	\$ 1,066.00	\$ 0
	Two Party	\$ 2,107.00	\$ 466.00
	Family	\$ 2,959.00	\$ 750.91
Alliance 20/30	Single	\$ 891.00	\$ 0
	Two Party	\$ 1,733.00	\$ 129.00
	Family	\$ 2,419.00	\$ 263.91
Alliance HRA	Single	\$ 932.00	\$ 0
	Two Party	\$ 1,745.00	\$ 369.00
	Family	\$ 2,428.00	\$ 555.91
ALL KAISER AND UNITED HEALTHCARE PLANS INCLUDE :			
<b>Delta Dental Premier PPO</b>	Single	\$ 74.06	\$ 0
	Two Party	\$ 148.12	\$ 0
	Family	\$ 207.34	\$ 0
<b>VSP Vision</b>	Single	\$ 8.87	\$ 0
	Two Party	\$ 12.86	\$ 0
	Family	\$ 23.08	\$ 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 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.)