

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

Benefit Provider	Coverage	Plan Full Cost	Employee Cost	
		<u>Tenthly</u>	<u>Tenthly</u>	
Kaiser \$10 co-pay	Single	\$ 808.00	\$ 97.78	
	Two Party	\$ 1,598.00	\$ 193.52	
	Family	\$ 2,253.00	\$ 276.05	
United HealthCare	Network 1	Single	\$ 856.00	\$ 140.84
		Two Party	\$ 1,688.00	\$ 278.31
		Family	\$ 2,368.00	\$ 388.07
	Network 2	Single	\$ 1,079.00	\$ 337.84
		Two Party	\$ 2,133.00	\$ 536.72
		Family	\$ 2,996.00	\$ 752.20
Alliance 20/30	Single	\$ 915.00	\$ 195.84	
	Two Party	\$ 1,783.00	\$ 366.31	
	Family	\$ 2,494.00	\$ 507.07	
Alliance HRA	Single	\$ 944.00	\$ 365.84	
	Two Party	\$ 1,772.00	\$ 596.31	
	Family	\$ 2,470.00	\$ 785.07	
ALL KAISER AND UNITED HEALTHCARE PLANS INCLUDE :				
Delta Dental Premier PPO	Single	\$ 85.29	\$ 0	
	Two Party	\$ 170.59	\$ 0	
	Family	\$ 230.50	\$ 0	
VSP Vision	Single	\$ 11.37	\$ 0	
	Two Party	\$ 16.47	\$ 0	
	Family	\$ 29.54	\$ 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)