San Dieguito Union High School District 2019 Benefits Selection Form Classified Employees (Excludes 4.0-7.0 hour/day Instructional Assistants)

All rates are monthly (processed on September – June payroll only).

Medical Plan		
United Healthcare HMO Network 1		
Employee Only	\$869.00	
Employee + 1	\$1,702.00	
Employee + Family	\$2,389.00	
United Healthcare HMO N	etwork 2	
Employee Only	\$1,170.00	
Employee + 1	\$2,297.00	
Employee + Family	\$3,227.00	
United Healthcare HMO Network 3		
Employee Only	\$1,340.00	
Employee + 1	\$2,629.00	
Employee + Family	\$3,696.00	
United Healthcare P	РО	
Employee Only	\$1,403.00	
Employee + 1	\$2,735.00	
Employee + Family	\$3,858.00	
Cigna HMO		
Employee Only	\$760.00	
Employee + 1	\$1,574.00	
Employee + Family	\$2,240.00	
Kaiser		
Employee Only	\$711.00	
Employee + 1	\$1,405.00	
Employee + Family	\$1,981.00	

Dental Plan		
Delta Dental PPO		
Employee Only	District Paid	
Employee + 1	\$64.00	
Employee + Family	\$98.00	
Delta Dental DMO		
Employee Only	District Paid	
Employee + 1	District Paid	
Employee + Family	District Paid	

Vision Plan	
MES	
Employee Only	\$12.26
Employee + 1	\$22.08
Employee + Family	\$31.64

2019 Flexible Spending Account		
Full-Time Employees:		
Health Flex	\$1,242.43	
Part-Time Employees:		
(hired prior to 12/03/1999 and work less than 20 hours per week)		
Health Flex	\$587.75	