San Dieguito Union High School District
2027 Benefit Rates
Board of Trustees

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

Medical Plans	
United Healthcare Network 1	
Employee Only	$1,374.00
Employee + 1	$2,714.00
Employee + Family	$3,809.00
United Healthcare Harmony	
Employee Only	$1,237.00
Employee + 1	$2,425.00
Employee + Family	$3,401.00
United Healthcare Alliance $20/$30	
Employee Only	$1,411.00
Employee + 1	$2,603.00
Employee + Family	$3,646.00
UMR Select Plus PPO	
Employee Only	$2,296.00
Employee + 1	$4,505.00
Employee + Family	$6,413.00
Cigna	
Employee Only	$1,345.00
Employee + 1	$2,796.00
Employee + Family	$3,983.00
Kaiser	
Employee Only	$998.00
Employee + 1	$1,990.00
Employee + Family	$2,816.00

Medical Plans	
UHC Harmony Journey HRA	
Employee Only	$1,123.00
Employee + 1	$2,148.00
Employee + Family	$3,002.00
Kaiser Journey HRA	
Employee Only	$944.00
Employee + 1	$1,883.00
Employee + Family	$2,669.00

Dental Plans	
Delta Dental PPO	
Employee Only	District Paid
Employee + 1	$60.80
Employee + Family	$93.10
Delta Dental DMO	
Employee Only	District Paid
Employee +1	District Paid
Employee + Family	District Paid

Vision Plan	
Eyemed	
Employee Only	$14.21
Employee + 1	$25.58
Employee & Family	$36.66

2027 Flexible Spending Account

Health Flex $1,926.43

If the Health flex credit exceeds the employee's monthly health care premium, the employee shall not be entitled to receive, retain, or otherwise use the difference between the credit and the applicable monthly premium.

I authorize San Dieguito Union High School District to deduct from a salary warrant the balance due, if any. I understand that any cash received in the form of increased disposable income will be subject to any appropriate taxes. I understand that the purpose of this program is to allow employees to select their qualified benefits within the guideline of the Internal Revenue Code, and that I may select either cash or qualified benefits, or a combination of both after providing for my required Medical and Dental employee coverages. These required coverages cannot be revoked or changed during the plan year. I understand that the selection of an insurance benefit and the indication that a premium is to be paid does not necessarily include me in the insurance portions of this program, that the premium for the contract selected may be adjusted by the insurance company issuing the contract, and, in most instances, an application for insurance must also be completed. I understand that I waive the right to cancel coverage after the monthly premium has been deducted. All changes must be made through the District and **not** directly with the insurance carrier.