

**San Dieguito Union High School District
2027 Benefits Premium Costs
Classified Part-Time Employees**

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

Medical Plans		Dental Plans	
United Healthcare Network 1		Delta Dental PPO	
Employee Only	\$1,374.00	Employee Only	\$61.75
Employee + 1	\$2,714.00	Employee + 1	\$122.55
Employee + Family	\$3,809.00	Employee + Family	\$154.85
United Healthcare Harmony		Delta Dental DMO	
Employee Only	\$1,237.00	Employee Only	\$58.68
Employee + 1	\$2,425.00	Employee + 1	\$58.68
Employee + Family	\$3,401.00	Employee + Family	\$58.68
United Healthcare Alliance \$20/\$30		Vision Plan	
Employee Only	\$1,411.00	EyeMed	
Employee + 1	\$2,603.00	Employee Only	\$14.21
Employee + Family	\$3,646.00	Employee + 1	\$25.58
UMR Select Plus PPO		Employee + Family	\$36.66
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	\$1,196.00		
Employee + 1	\$2,360.00		
Employee + Family	\$3,326.00		

- ☐ I elect no medical coverage
- ☐ I elect no dental coverage
- ☐ I elect no vision coverage

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.