

LA MESA-SPRING VALLEY SCHOOL DISTRICT

2022 Benefit Rates

Rates are deducted 10thly September - June

MEDICAL OPTIONS

Kaiser		UnitedHealthcare Performance HMO Network 1		UnitedHealthcare Harmony HMO 10	
Employee Only	\$0	Employee Only	\$0	Employee Only	\$0
Employee + Spouse	\$604.80	Employee + Spouse	\$670.60	Employee + Spouse	\$599.20
Employee + Children	\$445.90	Employee + Children	\$382.90	Employee + Children	\$364.00
Employee + Family	\$1,054.90	Employee + Family	\$1,202.60	Employee + Family	\$1,080.10

UnitedHealthcare Journey HMO Harmony		UnitedHealthcare Performance HMO Network 3 (New Plan)		UnitedHealthcare Performance HMO Network 2	
Employee Only	\$0	Employee Only	\$85.00	Employee Only	\$317.00
Employee + Spouse	\$546.00	Employee + Spouse	\$650.60	Employee + Spouse	\$1,321.60
Employee + Children	\$339.50	Employee + Children	\$364.90	Employee + Children	\$894.90
Employee + Family	\$989.80	Employee + Family	\$1,175.60	Employee + Family	\$2,123.60

UnitedHealthcare Signature Value Alliance 1200		UnitedHealthcare Alliance HMO 10		Simnsa HMO Cross Border Plan	
Employee Only	\$92.00	Employee Only	\$103.00	Employee Only	\$0
Employee + Spouse	\$760.60	Employee + Spouse	\$838.60	Employee + 1 Dep.	\$158.20
Employee + Children	\$547.90	Employee + Children	\$510.90	Employee + Family	\$332.50
Employee + Family	\$1,307.60	Employee + Family	\$1,431.60		

DENTAL OPTIONS

Delta Dental PPO		DeltaCare HMO	
Employee Only	\$0	Employee Only	\$0
Employee + Spouse	\$62.24	Employee + Spouse	\$20.50
Employee + Children	\$45.23	Employee + Children	\$22.47
Employee + Family	\$107.77	Employee + Family	\$43.76

VOLUNTARY OPTIONS

M.E.S. Vision	
Employee Only	\$10.94
Employee + Spouse	\$19.69
Employee + Children	\$19.29
Employee + Family	\$28.23

Metlife Legal	
Employee Only	\$23.40

The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.