

# LA MESA-SPRING VALLEY SCHOOL DISTRICT

## 2024 Benefits Rates

**(Payroll Premiums are deducted 10thly September - June)**

### MEDICAL OPTIONS AND RATES:

#### UHC-VEBA DIRECT HMO (Formerly Network 1)

Employee Only	\$0
Employee + Spouse	\$724.50
Employee + Children	\$414.40
Employee + Family	\$1,299.20

#### KAISER

Employee Only	\$0
Employee + Spouse	\$719.60
Employee + Children	\$529.90
Employee + Family	\$1,254.40

#### UHC-HARMONY HMO 10

Employee Only	\$0
Employee + Spouse	\$667.80
Employee + Children	\$406.70
Employee + Family	\$1,202.60

#### UHC- ALLIANCE HMO 10

Employee Only	\$155.00
Employee + Spouse	\$996.50
Employee + Children	\$620.40
Employee + Family	\$1,673.20

#### UHC-JOURNEY HMO HARMONY

Employee Only	\$0
Employee + Spouse	\$606.90
Employee + Children	\$376.60
Employee + Family	\$1,099.00

#### SIMNSA HMO-(Cross Border Plan)

Employee Only	\$0
Employee + 1 Dependent	\$175.00
Employee + Family	\$366.80

#### UHC-PERFORMANCE HMO NETWORK 3

Employee Only	\$119.00
Employee + Spouse.	\$751.50
Employee + Children	\$431.40
Employee + Family	\$1,338.20

### DENTAL OPTIONS AND RATES:

#### DELTA DENTAL PPO

Employee Only	\$0
Employee + Spouse	\$66.06
Employee + Children	\$48.01
Employee + Family	\$114.38

#### DELTA CARE HMO:

Employee Only	\$0
Employee + Spouse	\$20.50
Employee + Children	\$22.47
Employee + Family	\$43.76

### VOLUNTARY PLANS AND RATES:

#### EYEMED VISION

Employee Only	\$11.44
Employee + Spouse	\$20.60
Employee + Children	\$20.17
Employee + Family	\$29.52

#### METLIFE LEGAL

Legal Plan	\$23.40
Legal Plan Plus Parent	\$30.60