

LA MESA-SPRING VALLEY SCHOOL DISTRICT

2026 Benefits Rates

(Payroll Premiums are deducted 10thly September - June)

MEDICAL OPTIONS AND RATES:

UHC-VEBA DIRECT HMO

Employee Only	\$0
Employee + Spouse	\$828.80
Employee + Children	\$472.50
Employee + Family	\$1,484.00

KAISER

Employee Only	\$128.00
Employee + Spouse	\$994.80
Employee + Children	\$824.50
Employee + Family	\$1,626.00

UHC-HARMONY HMO 10

Employee Only	\$0
Employee + Spouse	\$778.40
Employee + Children	\$472.50
Employee + Family	\$1,397.20

UHC- ALLIANCE HMO 10

Employee Only	\$189.00
Employee + Spouse	\$1,025.80
Employee + Children	\$624.50
Employee + Family	\$1,755.00

UHC-JOURNEY HMO HARMONY

Employee Only	\$0
Employee + Spouse	\$686.70
Employee + Children	\$424.90
Employee + Family	\$1,242.50

SIMNSA HMO-(Cross Border Plan)

Employee Only	\$0
Employee + 1 Dependent	\$189.00
Employee + Family	\$395.50

DENTAL OPTIONS AND RATES:

DELTA DENTAL PPO

Employee Only	\$0
Employee + Spouse	\$64.73
Employee + Children	\$47.03
Employee + Family	\$112.06

DELTA CARE HMO:

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

VOLUNTARY PLANS AND RATES:

VSP VISION

Employee Only	\$10.20
Employee + Spouse	\$20.11
Employee + Children	\$19.69
Employee + Family	\$28.81

METLIFE LEGAL

Legal Plan	\$27.60
Legal Plan Plus Parent	\$33.60