

San Ysidro School District - 2026 Certificated Final Rates 01/01/2026

Plan + Dental one party coverage	Monthly Payroll Deduction	Monthly Employer Contribution	2026 Medical Plan Monthly Cost
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Kaiser (10)

Single + Metlife	-	950.00	950.00
Single + Delta	-	950.00	950.00
Dual + Metlife	700.52	1,173.48	1,874.00
Dual + Delta	708.88	1,165.12	1,874.00
Family + Metlife	1,291.67	1,350.33	2,642.00
Family + Delta	1,300.00	1,342.00	2,642.00

VEBA Direct

Single + Metlife	-	960.00	960.00
Single + Delta	5.38	956.62	962.00
Dual + Metlife	720.56	1,179.44	1,900.00
Dual + Delta	728.92	1,171.08	1,900.00
Family + Metlife	1,310.15	1,355.85	2,666.00
Family + Delta	1,318.48	1,347.52	2,666.00

Harmony \$10 Sharp/UCSD			
Single + Metlife	-	918.00	918.00
Single + Delta	-	918.00	918.00
Dual + Metlife	642.82	1,156.18	1,799.00
Dual + Delta	651.15	1,147.85	1,799.00
Family + Metlife	1,200.04	1,322.96	2,523.00
Family + Delta	1,208.41	1,314.59	2,523.00

SIMNSA

Single + Metlife	-	303.00	303.00
Single + Delta	-	303.00	303.00
Dual + Metlife	-	528.00	528.00
Dual + Delta	-	528.00	528.00
Family + Metlife	-	774.00	774.00
Family + Delta	-	774.00	774.00

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Alliance \$20/\$30 UCSD/Scipps/Mercy/Childrens

Single + Metlife	64.80	983.20	1,048.00
Single + Delta	73.11	974.89	1,048.00
Dual + Metlife	748.48	1,184.52	1,933.00
Dual + Delta	756.87	1,176.13	1,933.00
Family + Metlife	1,349.79	1,357.21	2,707.00
Family + Delta	1,350.03	1,356.97	2,707.00

Journey Harmony HRA Sharp/UCSD \$1,000/\$1,600/\$2,200

Single + Metlife	-	845.00	845.00
Single + Delta	-	845.00	845.00
Dual + Metlife	494.11	1,121.89	1,616.00
Dual + Delta	502.31	1,113.69	1,616.00
Family + Metlife	980.53	1,277.47	2,258.00
Family + Delta	988.73	1,269.27	2,258.00

UMR Surest PPO

Single + Metlife	391.83	1,089.17	1,481.00
Single + Delta	400.03	1,080.97	1,481.00
Dual + Metlife	1,457.09	1,429.91	2,887.00
Dual + Delta	1,465.29	1,421.71	2,887.00
Family + Metlife	2,325.36	1,707.64	4,033.00
Family + Delta	2,333.56	1,699.44	4,033.00

Dental Cost Delta Dental PPO MetLife Dental HMO		
Single	No Cost	No Cost
Two party	\$44.89	No Cost
Family	\$89.77	No Cost

***The above Medical rates with Delta includes the coverage for the employee only. Cost for Delta coverage for additional dependents are listed above.**