

San Ysidro School District - 2027 Certificated Tentative Rates \$12,260

December 2026 Payment For January's Coverage

Plan + Dental one party coverage	Monthly Payroll Deduction	Monthly Employer Contribution	2027 Medical Plan Monthly Cost
Kaiser (10)			
Single + Metlife	30.25	966.75	997.00
Single + Delta	38.41	958.59	997.00
Dual + Metlife	880.25	1,085.75	1,966.00
Dual + Delta	884.52	1,081.48	1,966.00
Family + Metlife	1,580.16	1,191.84	2,772.00
Family + Delta	1,588.31	1,183.69	2,772.00
VEBA Direct			
Single + Metlife	81.77	974.23	1,056.00
Single + Delta	89.92	966.08	1,056.00
Dual + Metlife	984.64	1,105.36	2,090.00
Dual + Delta	992.80	1,097.20	2,090.00
Family + Metlife	1,720.74	1,212.26	2,933.00
Family + Delta	1,728.90	1,204.10	2,933.00
Harmony \$10 Sharp			
Single + Metlife	59.94	971.06	1,031.00
Single + Delta	68.09	962.91	1,031.00
Dual + Metlife	924.39	1,096.61	2,021.00
Dual + Delta	932.55	1,088.45	2,021.00
Family + Metlife	1,640.10	1,193.90	2,834.00
Family + Delta	1,642.45	1,191.55	2,834.00
SIMNSA			
Single + Metlife	0.00	323.00	323.00
Single + Delta	0.00	323.00	323.00
Dual + Metlife	0.00	528.00	528.00
Dual + Delta	0.00	528.00	528.00
Family + Metlife	0.00	825.00	825.00
Family + Delta	0.00	825.00	825.00

Plan + Dental one party coverage	Monthly Payroll Deduction	Monthly Employer Contribution	2027 Medical Plan Monthly Cost
Journey Harmony Sharp \$1,000/\$1,600/\$2,200			
Single + Metlife	0.00	936.00	936.00
Single + Delta	0.00	936.00	936.00
Dual + Metlife	722.69	1,067.31	1,790.00
Dual + Delta	730.84	1,059.16	1,790.00
Family + Metlife	1,344.40	1,157.60	2,502.00
Family + Delta	1,352.55	1,149.45	2,502.00
Alliance \$20/\$30 UCSD/Scipps/Mercy/Childrens			
Single + Metlife	186.55	989.45	1,176.00
Single + Delta	194.71	981.29	1,176.00
Dual + Metlife	1,053.61	1,115.39	2,169.00
Dual + Delta	1,061.78	1,107.22	2,169.00
Family + Metlife	1,814.71	1,223.29	3,038.00
Family + Delta	1,822.90	1,215.10	3,038.00
UMR Surest PPO			
Single + Metlife	514.79	1,044.21	1,559.00
Single + Delta	522.85	1,036.15	1,559.00
Dual + Metlife	1,790.02	1,246.98	3,037.00
Dual + Delta	1,798.08	1,238.92	3,037.00
Family + Metlife	2,829.70	1,412.30	4,242.00
Family + Delta	2,837.76	1,404.24	4,242.00

Dental Cost	Delta Dental PPO	MetLife Dental HMO
Single	No Cost	No Cost (\$38.46)
Two party	\$44.89	No Cost (\$38.46)
Family	\$89.77	No Cost (\$38.46)

*** Please note, these are estimated rates based on current enrollments. Final rates will vary depending on plan selections during open enrollment.**