

# LA MESA-SPRING VALLEY SCHOOL DISTRICT

## 2025 Benefits Rates

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

### MEDICAL OPTIONS AND RATES:

#### UHC-VEBA DIRECT HMO

Employee Only	\$0
Employee + Spouse	\$764.40
Employee + Children	\$436.10
Employee + Family	\$1,368.50

#### KAISER

Employee Only	\$0
Employee + Spouse	\$766.50
Employee + Children	\$564.20
Employee + Family	\$1,337.70

#### UHC-HARMONY HMO 10

Employee Only	\$0
Employee + Spouse	\$707.00
Employee + Children	\$428.40
Employee + Family	\$1,268.40

#### UHC- ALLIANCE HMO 10

Employee Only	\$171.00
Employee + Spouse	\$941.40
Employee + Children	\$573.10
Employee + Family	\$1,609.50

#### UHC-JOURNEY HMO HARMONY

Employee Only	\$0
Employee + Spouse	\$635.60
Employee + Children	\$394.10
Employee + Family	\$1,150.80

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

Employee Only	\$0
Employee + 1 Dependent	\$180.60
Employee + Family	\$378.00

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