

Rates Cost Comparison Summary Certificated Post Eligible Subscribers

The following charts show the difference in costs between the 2021-2022 and 2022-2023 school year rates.

Monthly Rates for Certificated Post Eligible Subscribers

| | | Medical Rates | | | | | | | | Dental Rates | | |
|--|--|-------------------------|---------------|--------------------------|---------------|--------------------------|---------------|------------------|-------------------------|---------------------|-----------------------------|---------------------------|
| | | Blue Shield Access+ HMO | | Blue Shield Spectrum PPO | | Blue Shield Trio ACO HMO | | Kaiser HMO | Kaiser Senior Advantage | Delta Care USA DHMO | Delta Dental Incentive DPPO | Delta Dental Network DPPO |
| | | Without Medicare | With Medicare | Without Medicare | With Medicare | Without Medicare | With Medicare | Without Medicare | With Medicare | | | |
| Single | (Cost Subscriber Only Coverage) | | | | | | | | | | | |
| Blue Shield 65 Plus | With Medicare | | | | | | | | | | | |
| 22-21 Rate | \$336.91 | \$684.19 | \$598.52 | \$895.46 | \$787.98 | \$483.24 | \$427.72 | \$576.69 | \$150.33 | \$17.77 | \$55.65 | \$46.60 |
| 22-23 Rate | \$380.03 | \$758.19 | \$662.15 | \$957.95 | \$842.29 | \$525.13 | \$464.06 | \$662.22 | \$142.64 | \$17.77 | \$54.45 | \$45.59 |
| Difference | \$43.12 | \$74.00 | \$63.63 | \$62.49 | \$54.31 | \$41.89 | \$36.34 | \$85.53 | \$7.69 | \$0.00 | \$1.20 | \$1.01 |
| Two-Party | (Cost for Subscriber +1 Dependent Coverage) | | | | | | | | | | | |
| 22-21 Rate | \$670.26 | \$1,415.40 | \$1,237.68 | \$1,860.42 | \$1,636.56 | \$998.54 | \$883.36 | \$1,149.82 | \$300.66 | \$29.33 | \$154.68 | \$129.54 |
| 22-23 Rate | \$756.50 | \$1,568.93 | \$1,369.71 | \$1,990.55 | \$1,749.65 | \$1,085.46 | \$958.78 | \$1,320.88 | \$285.28 | \$29.33 | \$151.35 | \$126.75 |
| Difference | \$86.24 | \$153.53 | \$132.03 | \$130.13 | \$113.09 | \$86.92 | \$75.42 | \$171.06 | \$15.38 | \$0.00 | \$3.33 | \$2.79 |
| ¹Two-Party One with and One without Medicare | (Cost for Subscriber +1 Dependent Coverage) | | | | | | | | | | | |
| | 1 on Trio | | | | | | | | | | | |
| 22-21 Rate | \$820.16 | | \$1,329.76 | | \$1,752.92 | | \$943.01 | | \$727.02 | | | |
| 22-23 Rate | \$905.16 | DOES NOT APPLY | \$1,472.93 | DOES NOT APPLY | \$1,874.87 | DOES NOT APPLY | \$1,024.39 | DOES NOT APPLY | \$804.67 | | | |
| Difference | \$85.00 | | \$143.17 | | \$121.95 | | \$81.38 | | \$77.65 | | | |
| | 1 on Access+ | | | | | | | | | | | |
| 22-21 Rate | \$1,021.11 | | | | | | | | | | | |
| 22-23 Rate | \$1,138.22 | | | | | | | | | | | |
| Difference | \$117.11 | | | | | | | | | | | |
| ²Family | (Cost for Subscriber +2 or more Dependents Coverage) | | | | | | | | | | | |
| 22-21 Rate | | \$2,038.47 | \$1,782.94 | \$2,671.60 | \$2,350.55 | \$1,439.09 | \$1,273.47 | \$1,630.55 | | \$43.35 | \$210.42 | \$176.18 |
| 22-23 Rate | DOES NOT APPLY | \$2,259.22 | \$1,972.78 | \$2,858.23 | \$2,512.75 | \$1,564.07 | \$1,564.07 | \$1,872.60 | DOES NOT APPLY | \$43.35 | \$205.87 | \$172.38 |
| Difference | | \$220.75 | \$189.84 | \$186.63 | \$162.20 | \$124.98 | \$290.60 | \$242.05 | | \$0.00 | \$4.55 | \$3.80 |

¹ In order to qualify for the Two-Party One with One Without Medicare rate you must be enrolled in a Two-Party plan and one person must be enrolled in Medicare Parts A and B.

² In order to qualify for the Family with Medicare rate you must be enroll in a Family plan and two or more persons must be enrolled in Medicare Parts A and B.

Blue Shield rates include medical coverage, Express Scripts pharmacy coverage, and VSP vision coverage, except Blue Shield 65 Plus members. 65 Plus member receive pharmacy coverage through Blue Shield. Kaiser rates include medical coverage, Kaiser pharmacy coverage, and VSP vision coverage, except Kaiser Senior Advantage members. Senior Advantage members receive vision coverage through Kaiser.