

Certificated Retiree Rates Summary

All SAUSD retirees pay for their health insurance coverage. Your contributions for health insurance are to be paid on a month-to-month basis.

Rates are effective July 1, 2022 through June 30, 2023

Monthly Rates for Certificated Retired Employees

Medical Rates

Dental Rates

	Blue Shield 65 Plus With Medicare	Blue Shield Access+ HMO Without Medicare	Blue Shield Access+ HMO With Medicare	Blue Shield Spectrum PPO Without Medicare	Blue Shield Spectrum PPO With Medicare	Blue Shield Trio ACO HMO Without Medicare	Blue Shield Trio ACO HMO With Medicare	Kaiser HMO Without Medicare	Kaiser Senior Advantage With Medicare	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
Single (Cost Retiree Only Coverage)												
Total Plan Cost	\$380.03	\$758.19	\$662.15	\$957.95	\$842.29	\$525.13	\$464.06	\$662.22	\$142.64	\$17.77	\$54.45	\$45.59
SAUSD Pays	\$380.03	\$697.53	\$609.18	\$814.26	\$715.95	\$514.63	\$454.78	\$622.49	\$142.64	\$17.77	\$54.45	\$45.59
Employee Pays	\$0.00	\$60.66	\$52.97	\$143.69	\$126.34	\$10.50	\$9.28	\$39.73	\$0.00	\$0.00	\$0.00	\$0.00
Two-Party (Cost for Retiree +1 Dependent Coverage)												
Total Plan Cost	\$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
SAUSD Pays	\$756.50	\$1,443.42	\$1,260.13	\$1,691.97	\$1,487.20	\$1,063.75	\$939.60	\$1,241.63	\$285.28	\$29.33	\$51.59	\$46.26
Employee Pays	\$0.00	\$125.51	\$109.58	\$298.58	\$262.45	\$21.71	\$19.18	\$79.25	\$0.00	\$0.00	\$99.76	\$80.49
¹Two-Party One with and One without Medicare (Cost for Retiree +1 Dependent Coverage)												
1 on Trio												
Total Plan Cost	\$905.16		\$1,472.93		\$1,874.87		\$1,024.39		\$804.67			
SAUSD Pays	\$894.66	DOES NOT APPLY	\$1,355.10	DOES NOT APPLY	\$1,593.64	DOES NOT APPLY	\$1,003.90	DOES NOT APPLY	\$756.39			
Employee Pays	\$10.50		\$117.83		\$281.23		\$20.49		\$48.28			
1 on Access+												
Total Plan Cost	\$1,138.22											
SAUSD Pays	\$1,077.56											
Employee Pays	\$60.66											
²Family (Cost for Retiree +2 or more Dependents Coverage)												
Total Plan Cost	DOES NOT APPLY	\$2,259.22	\$1,972.78	\$2,858.23	\$2,512.75	\$1,564.07	\$1,354.26	\$1,872.60	DOES NOT APPLY	\$43.35	\$205.87	\$172.38
SAUSD Pays	DOES NOT APPLY	\$2,078.48	\$1,814.96	\$2,429.50	\$2,135.84	\$1,532.79	\$1,354.26	\$1,760.24	DOES NOT APPLY	\$43.35	\$51.59	\$46.26
Employee Pays	DOES NOT APPLY	\$180.74	\$157.82	\$428.73	\$376.91	\$31.28	\$27.64	\$112.36	DOES NOT APPLY	\$0.00	\$154.28	\$126.12

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.