

Classified COBRA Subscriber Rates Summary

The following chart summarizes the monthly amounts SAUSD COBRA subscribers pay for the health insurance coverage.

COBRA subscribers are billed a month in advance, on the third Monday of every month, and their payments are due the second Friday of the following month.

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

Monthly Rates for Classified COBRA Subscribers

	Medical Rates				Dental Rates		
	Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
Single (Cost Subscriber Only Coverage)							
Total Plan Cost	\$778.90	\$1,019.47	\$539.70	\$673.97	\$18.13	\$55.54	\$44.42
Two-Party (Cost for Subscriber +1 Dependent Coverage)							
Total Plan Cost	\$1,598.35	\$2,118.43	\$1,115.59	\$1,344.30	\$29.92	\$154.37	\$123.50
Family (Cost for Subscriber +2 or more Dependents Coverage)							
Total Plan Cost	\$2,301.62	\$3,041.71	\$1,607.45	\$1,905.81	\$44.22	\$209.99	\$167.96

Blue Shield rates include medical coverage, Express Scripts pharmacy coverage, and VSP vision coverage.
Kaiser rates include medical coverage, Kaiser pharmacy coverage, and VSP vision coverage.