

Management Active Employee Rates Summary

All SAUSD employees pay for their medical insurance coverage. **Be sure to look at the appropriate chart for your specific rates.** Your contributions for health insurance are deducted on a **month-to-month** basis, are **pre-tax**, and calculated each pay period, which effectively lowers your tax liability.

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

Rates for Management Employees Hired Before July 1, 2020

| | 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 Employee Only Coverage) | | | | | | | |
| Total Plan Cost | \$909.87 | \$1,149.55 | \$630.17 | \$794.67 | \$21.32 | \$65.34 | \$54.71 |
| SAUSD Pays | \$830.68 | \$970.02 | \$603.23 | \$736.28 | \$21.32 | \$65.34 | \$54.74 |
| Employee Pays | \$79.16 | \$179.53 | \$26.94 | \$58.39 | \$0.00 | \$0.00 | \$0.00 |
| Two-Party (Cost for Employee +1 Dependent Coverage) | | | | | | | |
| Total Plan Cost | \$1,882.72 | \$2,388.67 | \$1,302.55 | \$1,585.06 | \$35.20 | \$181.62 | \$152.10 |
| SAUSD Pays | \$1,718.48 | \$2,015.54 | \$1,247.55 | \$1,474.74 | \$35.20 | \$61.91 | \$55.51 |
| Employee Pays | \$164.24 | \$373.13 | \$55.00 | \$110.32 | \$0.00 | \$119.71 | \$96.59 |
| Family (Cost for Employee +2 or more Dependents Coverage) | | | | | | | |
| Total Plan Cost | \$2,711.06 | \$3,429.88 | \$1,876.88 | \$2,247.12 | \$52.02 | \$247.04 | \$206.85 |
| SAUSD Pays | \$2,475.18 | \$2,901.06 | \$1,796.62 | \$2,084.57 | \$52.02 | \$61.91 | \$55.51 |
| Employee Pays | \$235.88 | \$528.82 | \$80.26 | \$162.55 | \$0.00 | \$185.13 | \$151.34 |

Rates for Management Employees Hired After July 1, 2020

| | 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 Employee Only Coverage) | | | | | | | |
| Total Plan Cost | \$909.87 | \$1,149.55 | \$630.17 | \$794.67 | \$21.32 | \$65.34 | \$54.71 |
| SAUSD Pays | \$698.75 | \$621.34 | \$533.92 | \$736.28 | \$21.32 | \$65.34 | \$54.74 |
| Employee Pays | \$211.09 | \$528.21 | \$96.25 | \$58.39 | \$0.00 | \$0.00 | \$0.00 |
| Two-Party (Cost for Employee +1 Dependent Coverage) | | | | | | | |
| Total Plan Cost | \$1,882.72 | \$2,388.67 | \$1,302.55 | \$1,585.06 | \$35.20 | \$181.62 | \$152.10 |
| SAUSD Pays | \$1,399.56 | \$1,247.17 | \$1,072.39 | \$1,474.74 | \$35.20 | \$61.91 | \$55.51 |
| Employee Pays | \$483.16 | \$1,141.50 | \$230.16 | \$110.32 | \$0.00 | \$119.71 | \$96.59 |
| Family (Cost for Employee +2 or more Dependents Coverage) | | | | | | | |
| Total Plan Cost | \$2,711.06 | \$3,429.88 | \$1,876.88 | \$2,247.12 | \$52.02 | \$247.04 | \$206.85 |
| SAUSD Pays | \$1,981.94 | \$1,787.61 | \$1,513.56 | \$2,084.57 | \$52.02 | \$61.91 | \$55.51 |
| Employee Pays | \$729.12 | \$1,642.27 | \$363.32 | \$167.55 | \$0.00 | \$185.13 | \$151.34 |

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.

Management Employees Hired After July 1, 2020

All Certificated employees hired after July 1, 2020, pay the contractual percentage for medical for two consecutive years. After the two years, they pay the lower hired before rates.

For more information about District-Employee contributions, you should refer to the SAEA contract.