Management Retired Employee 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 Management Retired Employees

	Medical Rates									Dental Rates		
	Blue Shield 65 Plus			Blue Shield Spectrum PPO		Blue Shield Trio ACO HMO		Kaiser HMO	Kaiser Senior Advantage	Delta Care USA DHMO	Delta Dental Incentive	Delta Dental Network
	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare	0.011.0111110	DPPO	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	\$692.23	\$603.22	\$808.51	\$709.21	\$502.55	\$442.71	\$613.88	\$142.64	\$17.77	\$54.45	\$45.59
Employee Pays	\$0.00	\$65.96	\$58.93	\$149.44	\$133.08	\$22.58	\$21.35	\$48.34	\$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	\$1,432.43	\$1,247.81	\$1,680.02	\$1,473.21	\$1,039.87	\$914.68	\$1,228.42	\$285.28	\$29.33	\$51.59	\$46.26
Employee Pays	\$0.00	\$136.50	\$121.90	\$310.53	\$276.44	\$45.59	\$44.10	\$92.46	\$0.00	\$0.00	\$99.76	\$80.49
¹ Two-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	\$882.58	DOES NOT	\$1,343.31	DOES NOT	\$1,580.52	DOES NOT	\$979.32	DOES NOT	\$748.33			
Employee Pays	\$22.58	APPLY	\$129.62	APPLY	\$294.35	APPLY	\$45.07	APPLY	\$56.34			
Linployee Fuys	φ22.00		φ127.02		φ271.00		φ 10.07		φ00.01			
1 on Access+												
Total Plan Cost	\$1,138.22											
SAUSD Pays	\$1,072.26											
Employee Pays	\$65.96											
² Family (Cost for Retiree +2 or more Dependents Coverage)												
Total Plan Cost		\$2,259.22	\$1,972.78	\$2,858.23	\$2,512.75	\$1,564.07	\$1,381.90	\$1,872.60		\$43.35	\$205.87	\$172.38
SAUSD Pays	DOES NOT APPLY	\$2,062.67	\$1,797.20	\$2,418.06	\$2,115.74	\$1,496.81	\$1,318.33	\$1,737.77	DOES NOT APPLY	\$43.35	\$51.59	\$46.26
Employee Pays		\$196.55	\$175.58	\$440.17	\$397.01	\$67.26	\$63.57	\$134.83		\$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 enrolled 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.