

Rates Cost Comparison Summary SASPOA Active Employees

The following charts show the difference in costs between the 2021-2022 and 2022-2023 school year rates. There are two different sets of rates for Certificated employees. Make sure to look at the appropriate chart based on your hire date.

Monthly Rates for SASPOA Employees Hired Before November 1, 2008

	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)							
22-21 Rate	\$41.35	\$224.1	\$11.68	\$13.81	\$0.00	\$0.00	\$0.00
22-23 Rate	\$45.70	\$239.88	\$12.70	\$15.86	\$0.00	\$0.00	\$0.00
Difference	\$4.35	\$15.78	\$1.02	\$2.05	\$0.00	\$0.00	\$0.00
Two-Party (Cost for Employee +1 Dependent Coverage)							
22-21 Rate	\$84.84	\$465.68	\$24.15	\$27.53	\$0.00	\$123.71	\$92.99
22-23 Rate	\$93.76	\$498.44	\$26.25	\$31.63	\$0.00	\$122.28	\$91.83
Difference	\$8.92	\$32.76	\$2.10	\$4.10	\$0.00	\$1.43	\$1.16
Family (Cost for Employee +2 or more Dependents Coverage)							
22-21 Rate	\$122.18	\$668.71	\$34.81	\$39.05	\$0.00	\$190.59	\$146.45
22-23 Rate	\$135.04	\$715.70	\$37.82	\$44.84	\$0.00	\$188.62	\$144.88
Difference	\$12.86	\$46.99	\$3.01	\$5.79	\$0.00	\$1.97	\$1.57

Monthly Rates for SASPOA Employees Hired After November 1, 2008

	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)							
22-21 Rate	\$254.33	\$548.08	\$11.68	\$117.87	\$0.00	\$0.00	\$0.00
22-23 Rate	\$294.11	\$577.14	\$12.70	\$170.66	\$0.00	\$0.00	\$0.00
Difference	\$39.78	\$29.06	\$1.02	\$52.79	\$0.00	\$0.00	\$0.00
Two-Party (Cost for Employee +1 Dependent Coverage)							
22-21 Rate	\$513.37	\$1,145.17	\$24.15	\$193.43	\$0.00	\$123.71	\$92.99
22-23 Rate	\$594.19	\$1,206.05	\$26.25	\$295.31	\$0.00	\$122.28	\$91.83
Difference	\$80.82	\$60.88	\$2.10	\$101.88	\$0.00	\$1.43	\$1.16
Family (Cost for Employee +2 or more Dependents Coverage)							
22-21 Rate	\$738.29	\$1,638.27	\$34.81	\$247.05	\$0.00	\$190.59	\$146.45
22-23 Rate	\$854.49	\$1,725.18	\$37.82	\$388.83	\$0.00	\$188.62	\$144.88
Difference	\$116.20	\$86.91	\$3.01	\$141.78	\$0.00	\$1.97	\$1.57

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.