

Certificated Rates

The charts to the right summarize the amounts SAUSD and Certificated employees pay for health insurance coverage for the 2019-2020 academic year.

Rates are effective July 1, 2019 through June 30, 2020

Your contributions for health insurance are deducted on a month-to-month basis, are pre-tax and are calculated each pay period, which effectively lowers your tax liability.

Kaiser rates include medical, pharmacy, and VSP vision coverage.

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

Medical

Certificated Employees Hired BEFORE July 1, 2017

	Single (Employee Only)			2 Party (Employee +1 dependent)			Family (Employee +2 or more dependents)		
	Total Plan Cost	SAUSD Pays	Employees Pay	Total Plan Cost	SAUSD Pays	Employees Pay	Total Plan Cost	SAUSD Pays	Employees Pay
Kaiser Permanente HMO	\$679.72	\$638.94	\$40.78	\$1,354.74	\$1,273.46	\$81.28	\$1,921.64	\$1,806.34	\$115.30
Blue Shield Trio ACO HMO	\$612.20	\$599.96	\$12.24	\$1,264.81	\$1,239.51	\$25.30	\$1,823.02	\$1,786.56	\$36.46
Blue Shield Access+ HMO	\$787.45	\$724.45	\$63.00	\$1,628.35	\$1,498.08	\$130.27	\$2,345.73	\$2,158.07	\$187.66
Blue Shield Spectrum PPO	\$1,138.14	\$967.41	\$170.73	\$2,364.42	\$2,009.76	\$354.66	\$3,395.50	\$2,886.17	\$509.33

Certificated Employees Hired AFTER July 1, 2017

	Single (Employee Only)			2 Party (Employee +1 dependent)			Family (Employee +2 or more dependents)		
	Total Plan Cost	SAUSD Pays	Employees Pay	Total Plan Cost	SAUSD Pays	Employees Pay	Total Plan Cost	SAUSD Pays	Employees Pay
Kaiser Permanente HMO	\$679.72	\$599.96	\$79.76	\$1,354.74	\$1,239.51	\$115.23	\$1,921.64	\$1,786.56	\$135.08
Blue Shield Trio ACO HMO	\$612.20	\$599.96	\$12.24	\$1,264.81	\$1,239.51	\$25.30	\$1,823.02	\$1,786.56	\$36.47
Blue Shield Access+ HMO	\$787.45	\$599.96	\$187.49	\$1,628.35	\$1,239.51	\$388.84	\$2,345.73	\$1,786.56	\$559.17
Blue Shield Spectrum PPO	\$1,138.14	\$599.96	\$538.18	\$2,364.42	\$1,239.51	\$1,124.91	\$3,395.50	\$1,786.56	\$1,608.94

Dental

	Single (Employee Only)			2 Party (Employee +1 dependent)			Family (Employee +2 or more dependents)		
	Total Plan Cost	SAUSD Pays	Employees Pay	Total Plan Cost	SAUSD Pays	Employees Pay	Total Plan Cost	SAUSD Pays	Employees Pay
Delta Care USA DHMO	\$20.70	\$20.70	\$0.00	\$34.18	\$34.18	\$0.00	\$50.51	\$50.51	\$0.00
Delta Dental Network DPPO	\$54.97	\$54.97	\$0.00	\$152.82	\$55.51	\$97.31	\$207.84	\$55.51	\$152.33
Delta Dental Incentive DPPO	\$68.72	\$68.72	\$0.00	\$191.03	\$61.91	\$129.12	\$259.85	\$61.91	\$197.94