

Certificated COBRA Rates

The charts to the right summarize the amounts SAUSD COBRA Subscribers pay for their health insurance coverage for the 2019-2020 academic year.

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

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

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

Medical

	Single (Subscriber Only)			2 Party (Subscriber +1 dependent)			Family (Subscriber +2 or more dependents)		
	Total Plan Cost	SAUSD Pays	Subscribers Pay	Total Plan Cost	SAUSD Pays	Subscribers Pay	Total Plan Cost	SAUSD Pays	Subscribers Pay
Kaiser Permanente HMO	\$577.76	\$0.00	\$577.76	\$1,151.53	\$0.00	\$1,151.53	\$1,633.39	\$0.00	\$1,633.39
Blue Shield Trio ACO HMO	\$520.37	\$0.00	\$520.37	\$1,075.09	\$0.00	\$1,075.09	\$1,549.57	\$0.00	\$1,549.57
Blue Shield Access+ HMO	\$669.33	\$0.00	\$669.33	\$1,384.10	\$0.00	\$1,384.10	\$1,993.87	\$0.00	\$1,993.87
Blue Shield Spectrum PPO	\$967.42	\$0.00	\$967.42	\$2,009.76	\$0.00	\$2,009.76	\$2,886.18	\$0.00	\$2,886.18

Dental

	Single (Subscriber Only)			2 Party (Subscriber +1 dependent)			Family (Subscriber +2 or more dependents)		
	Total Plan Cost	SAUSD Pays	Subscribers Pay	Total Plan Cost	SAUSD Pays	Subscribers Pay	Total Plan Cost	SAUSD Pays	Subscribers Pay
Delta Care USA DHMO	\$17.60	\$0.00	\$17.60	\$29.05	\$0.00	\$29.05	\$42.93	\$0.00	\$42.93
Delta Dental Network DPPO	\$46.72	\$0.00	\$46.72	\$129.90	\$0.00	\$129.90	\$176.66	\$0.00	\$176.66
Delta Dental Incentive DPPO	\$58.41	\$0.00	\$58.41	\$162.38	\$0.00	\$162.38	\$220.87	\$0.00	\$220.87