

Certificated Self-Pay Rates

The charts to the right summarize the amounts SAUSD self-pay subscribers pay for 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 Senior Advantage	\$175.47	\$0.00	\$175.47	\$350.94 1 on Kaiser HMO \$740.91	\$0.00	\$350.94 \$740.91	N/A	N/A	N/A
Kaiser HMO	\$566.43	\$0.00	\$566.43	\$1,128.95	\$0.00	\$1,128.95	\$1,601.37	\$0.00	\$1,601.37
Blue Shield 65 Plus HMO	\$288.08	\$0.00	\$288.08	\$572.25 1 on Trio \$798.25 1 on Access+ \$944.29	\$0.00	\$572.25 \$798.25 \$944.29	N/A	N/A	N/A
Blue Shield Trio ACO HMO without Medicare	\$510.17	\$0.00	\$510.17	\$1,054.01	\$0.00	\$1,054.01	\$1,519.18	\$0.00	\$1,519.18
Blue Shield Trio ACO HMO with Medicare	\$453.52	\$0.00	\$453.52	\$936.48 1 w 1 w/o MC \$997.35	\$0.00	\$936.48 \$997.35	\$1,350.18	\$0.00	\$1,350.18
Blue Shield Access+ HMO without Medicare	\$656.21	\$0.00	\$656.21	\$1,356.96	\$0.00	\$1,356.96	\$1,954.78	\$0.00	\$1,954.78
Blue Shield Access+ HMO with Medicare	\$577.65	\$0.00	\$577.65	\$1,193.98 1 w 1 w/o MC \$1,278.42	\$0.00	\$1,193.98 \$1,278.42	\$1,720.44	\$0.00	\$1,720.44
Blue Shield Spectrum PPO without Medicare	\$948.45	\$0.00	\$948.45	\$1,970.35	\$0.00	\$1,970.35	\$2,829.58	\$0.00	\$2,829.58
Blue Shield Spectrum PPO with Medicare	\$837.66	\$0.00	\$837.66	\$1,739.60 1 w 1 w/o MC \$1,859.54	\$0.00	\$1,739.60 \$1,859.54	\$2,498.64	\$0.00	\$2,498.64

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	\$17.31	\$0.00	\$17.31	\$28.48	\$0.00	\$28.48	\$42.09	\$0.00	\$42.09
Delta Dental Network DPPO	\$45.81	\$0.00	\$45.81	\$127.35	\$0.00	\$127.35	\$173.20	\$0.00	\$173.20
Delta Dental Incentive DPPO	\$57.27	\$0.00	\$57.27	\$159.19	\$0.00	\$159.19	\$216.54	\$0.00	\$216.54