

# Management 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<br>1 on Kaiser HMO<br>\$740.91                         | \$0.00     | \$350.94<br>\$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  | \$0.00     | \$572.25                           | N/A                                       | N/A        | N/A             |
| Blue Shield Trio ACO HMO without Medicare | \$510.17                 | \$0.00     | \$510.17        | \$1,054.01<br>1 on Trio<br>\$798.25<br>1 on Access+<br>\$944.29 | \$0.00     | \$1,054.01<br>\$798.25<br>\$944.29 | \$1,519.18                                | \$0.00     | \$1,519.18      |
| Blue Shield Trio ACO HMO with Medicare    | \$453.52                 | \$0.00     | \$453.52        | \$936.48<br>1 w 1 w/o MC<br>\$997.35                            | \$0.00     | \$936.48<br>\$97.35                | \$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<br>1 w 1 w/o MC<br>\$1,278.42                        | \$0.00     | \$1,193.98<br>\$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<br>1 w 1 w/o MC<br>\$1,859.54                        | \$0.00     | \$1,739.60<br>\$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        |