

S.A.S.P.O.A. Active Employee Rates Summary

All SAUSD employees pay for their medical insurance coverage. **Be sure to look at the appropriate chart for your specific rates.** Your contributions for health insurance are deducted on a **month-to-month** basis, are **pre-tax**, and calculated each pay period, which effectively lowers your tax liability.

Rates are effective July 1, 2022 through June 30, 2023

Rates for SASPOA Employees Hired Before November 1, 2016

	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)							
Total Plan Cost	\$916.36	\$1,199.39	\$634.95	\$792.91	\$21.32	\$65.34	\$52.26
SAUSD Pays	\$870.66	\$959.51	\$622.25	\$777.05	\$21.32	\$65.34	\$52.26
Employee Pays	\$45.70	\$239.88	\$12.70	\$15.86	\$0.00	\$0.00	\$0.00
Two-Party (Cost for Employee +1 Dependent Coverage)							
Total Plan Cost	\$1,880.42	\$2,492.28	\$1,312.48	\$1,581.54	\$35.20	\$181.62	\$145.29
SAUSD Pays	\$1,786.66	\$1,993.84	\$1,286.23	\$1,549.91	\$35.20	\$59.34	\$53.46
Employee Pays	\$93.76	\$498.44	\$26.25	\$31.63	\$0.00	\$122.28	\$91.83
Family (Cost for Employee +2 or more Dependents Coverage)							
Total Plan Cost	\$2,707.79	\$3,578.48	\$1,891.12	\$2,242.13	\$52.02	\$247.04	\$197.60
SAUSD Pays	\$2,572.75	\$2,862.78	\$1,853.30	\$2,197.29	\$52.02	\$58.42	\$52.72
Employee Pays	\$135.04	\$715.70	\$37.82	\$44.84	\$0.00	\$188.62	\$144.88

Rates for SASPOA Employee Hired After November 1, 2016

	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)							
Total Plan Cost	\$916.36	\$1,199.39	\$634.95	\$792.91	\$21.32	\$65.34	\$52.26
SAUSD Pays	\$622.25	\$622.25	\$622.25	\$622.25	\$21.32	\$65.34	\$52.26
Employee Pays	\$294.11	\$577.14	\$12.70	\$170.66	\$0.00	\$0.00	\$0.00
Two-Party (Cost for Employee +1 Dependent Coverage)							
Total Plan Cost	\$1,880.42	\$2,492.28	\$1,312.48	\$1,581.54	\$35.20	\$181.62	\$145.29
SAUSD Pays	\$1,286.23	\$1,286.23	\$1,286.23	\$1,286.23	\$35.20	\$59.34	\$53.46
Employee Pays	\$594.19	\$1,206.05	\$26.25	\$295.31	\$0.00	\$122.28	\$91.83
Family (Cost for Employee +2 or more Dependents Coverage)							
Total Plan Cost	\$2,707.79	\$3,578.48	\$1,891.12	\$2,242.13	\$52.02	\$247.04	\$197.60
SAUSD Pays	\$1,853.30	\$1,853.30	\$1,853.30	\$1,853.30	\$52.02	\$58.42	\$52.72
Employee Pays	\$854.49	\$1,725.18	\$37.82	\$388.83	\$0.00	\$188.62	\$144.88

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.