



Classified Active 2024 – 2025 Rates

All SAUSD employees pay for their medical insurance coverage. Be sure to look at the appropriate chart for your specific rates. The tables below summarize the employee contribution amount that will be effective July 1, 2024. Remember, your contributions for healthcare coverage are deducted tenthly (10 months) before taxes and are calculated each pay period, effectively lowering your tax liability.

Rates are effective July 1, 2024 through June 30, 2025

Tenthly rates for Classified Employees hired before November 1, 2022.

	Medical Rates				Dental Rates		
	Blue Shield Access+ HMO	Blue Shield PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
Single (Cost for Employee only coverage)							
Total Plan Cost	\$1,128.28	\$1,327.94	\$791.23	\$910.57	\$21.70	\$64.38	\$51.49
SAUSD Pays	\$1,071.87	\$1,062.35	\$775.41	\$892.36	\$21.70	\$64.38	\$51.49
Employee Pays	\$ 56.41	\$265.59	\$15.82	\$18.21	\$0.00	\$0.00	\$0.00
Two-Party (Cost for Employee +1 Dependent coverage)							
Total Plan Cost	\$2,316.68	\$2,759.97	\$1,636.77	\$1,816.93	\$35.81	\$178.94	\$143.15
SAUSD Pays	\$2,200.85	\$2,207.98	\$1,604.03	\$1,780.59	\$35.81	\$61.91	\$55.51
Employee Pays	\$115.83	\$551.99	\$32.74	\$36.34	\$0.00	\$117.03	\$87.64
Family (Cost for Employee +2 or more dependents coverage)							
Total Plan Cost	\$3,335.00	\$3,962.36	\$2,357.33	\$2,575.15	\$52.93	\$243.41	\$194.69
SAUSD Pays	\$3,168.25	\$3,169.89	\$2,310.18	\$2,523.65	\$52.93	\$61.91	\$55.51
Employee Pays	\$166.75	\$792.47	\$47.15	\$51.50	\$0.00	\$181.50	\$139.18

Tenthly Rates for Classified Employees hired after November 1, 2022.

	Medical Rates				Dental Rates		
	Blue Shield Access+ HMO	Blue Shield PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
Single (Cost for Employee only coverage)							
Total Plan Cost	\$1,128.28	\$1,327.94	\$791.23	\$910.57	\$21.70	\$64.38	\$51.49
SAUSD Pays	\$775.41	\$775.41	\$775.41	\$775.41	\$21.70	\$64.38	\$51.49
Employee Pays	\$352.87	\$552.53	\$15.82	\$135.16	\$0.00	\$0.00	\$0.00
Two-Party (Cost for Employee +1 Dependent coverage)							
Total Plan Cost	\$2,316.68	\$2,759.97	\$1,636.77	\$1,816.93	\$35.81	\$178.94	\$143.15
SAUSD Pays	\$1,604.03	\$1,604.03	\$1,604.03	\$1,604.03	\$35.81	\$61.91	\$55.51
Employee Pays	\$712.65	\$1,155.94	\$32.74	\$212.90	\$0.00	\$117.03	\$87.64
Family (Cost for Employee +2 or more dependents coverage)							
Total Plan Cost	\$3,335.00	\$3,962.36	\$2,357.33	\$2,575.15	\$52.93	\$243.41	\$194.69
SAUSD Pays	\$2,310.18	\$2,310.18	\$2,310.18	\$2,310.18	\$52.93	\$61.91	\$55.51
Employee Pays	\$1,024.82	\$1,652.18	\$47.15	\$264.97	\$0.00	\$181.50	\$139.18