



Classified COBRA 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 total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage. Your contributions are to be paid on a month-to-month basis.

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

Monthly Rates for Classified COBRA Subscribers

	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	\$959.04	\$1,128.75	\$672.55	\$773.98	\$18.44	\$54.72	\$43.77
Two-Party (Cost for Employee +1 Dependent coverage)							
Total Plan Cost	\$1,969.18	\$2,345.97	\$1,391.25	\$1,544.39	\$30.44	\$152.10	\$121.68
Family (Cost for Employee +2 or more dependents coverage)							
Total Plan Cost	\$2,834.75	\$3,368.01	\$2,003.73	\$2,188.88	\$44.99	\$206.90	\$165.49