



Certificated Active 2024 – 2025 Rate

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.

Rates are currently still pending negotiations. Shown on this table is a range where your benefit premium will fall once negotiations are met for September and October 2024 deductions.

Rates are effective July 1, 2024 through October 31, 2024

Tenthly rates for certificated employees hired before July 1, 2022.

Medical Rates				
	Blue Shield Access+ HMO	Blue Shield PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO
Single (Cost for Employee only coverage)				
Total Plan Cost	\$1,120.16	\$1,276.47	\$785.19	\$912.60
SAUSD Pays	\$1,030.55	\$1,085.00	\$769.49	\$857.84
Employee Pays	\$89.61	\$191.47	\$15.70	\$54.76
Two-Party (Cost for Employee +1 Dependent coverage)				
Total Plan Cost	\$2,319.14	\$2,653.03	\$1,624.27	\$1,820.98
SAUSD Pays	\$2,133.61	\$2,255.08	\$1,591.78	\$1,711.72
Employee Pays	\$185.53	\$397.95	\$32.49	\$109.26
Family (Cost for Employee +2 or more dependents coverage)				
Total Plan Cost	\$3,338.52	\$3,808.98	\$2,339.39	\$2,580.89
SAUSD Pays	\$3,071.44	\$3,237.63	\$2,292.60	\$2,426.04
Employee Pays	\$267.08	\$571.35	\$46.79	\$154.85

Tenthly rates for certificated employees hired after July 1, 2022.

Medical Rates				
	Blue Shield Access+ HMO	Blue Shield PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO
Single (Cost for Employee only coverage)				
Total Plan Cost	\$1,120.16	\$1,276.47	\$785.19	\$912.60
SAUSD Pays	\$769.49	\$769.49	\$769.49	\$769.49
Employee Pays	\$350.67	\$506.98	\$15.70	\$143.11
Two-Party (Cost for Employee +1 Dependent coverage)				
Total Plan Cost	\$2,319.14	\$2,653.03	\$1,624.27	\$1,820.98
SAUSD Pays	\$1,591.78	\$1,591.78	\$1,591.78	\$1,591.78
Employee Pays	\$727.36	\$1,061.25	\$32.49	\$229.20
Family (Cost for Employee +2 or more dependents coverage)				
Total Plan Cost	\$3,338.52	\$3,808.98	\$2,339.39	\$2,580.89
SAUSD Pays	\$2,292.60	\$2,292.60	\$2,292.60	\$2,292.60
Employee Pays	\$1,045.92	\$1,516.38	\$46.79	\$288.29



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Rates are effective July 1, 2024 through Oct 31, 2024

Tenthly rates for certificated employees hired before and after July 1, 2022.

Dental Rates			
	Delta Dental DHMO	Delta Dental Network DPPO	Delta Dental Incentive DPPO
Single (Cost for Employee only coverage)			
Total Plan Cost	\$21.70	\$53.91	\$64.38
SAUSD Pays	\$21.70	\$53.91	\$64.38
Employee Pays	\$0.00	\$0.00	\$0.00
Two-Party (Cost for Employee +1 Dependent coverage)			
Total Plan Cost	\$35.81	\$149.85	\$178.94
SAUSD Pays	\$35.81	\$55.51	\$61.91
Employee Pays	\$0.00	\$94.34	\$117.03
Family (Cost for Employee +2 or more dependents coverage)			
Total Plan Cost	\$52.93	\$203.82	\$243.41
SAUSD Pays	\$52.93	\$55.51	\$61.91
Employee Pays	\$0.00	\$148.31	\$181.50