



Classified Retiree 2025 – 2026 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, 2025.

Rates are effective July 1, 2025 through June 30, 2026

Monthly Rates for Classified Retired Employees

| Blue Shield 65 Plus | Blue Shield Access + HMO | | Blue shield Trio ACO HMO | | Blue Shield PPO | | Kaiser HMO | Kaiser Senior Advantage |
|---------------------|--------------------------|---------------|--------------------------|---------------|------------------|---------------|------------------|-------------------------|
| With Medicare | Without Medicare | With Medicare | Without Medicare | With Medicare | Without Medicare | With Medicare | Without Medicare | With Medicare |

Single (Cost for Employee only coverage)

| | | | | | | | | | |
|-----------------|----------|------------|----------|----------|----------|------------|------------|----------|----------|
| Total Plan Cost | \$479.25 | \$1,045.90 | \$914.09 | \$731.59 | \$583.72 | \$1,229.05 | \$1,083.11 | \$774.25 | \$182.34 |
| SAUSD Pays | \$479.25 | \$993.61 | \$868.39 | \$716.96 | \$572.05 | \$983.24 | \$866.49 | \$758.77 | \$182.34 |
| Employee Pays | \$0.00 | \$52.29 | \$45.70 | \$14.63 | \$11.67 | \$245.81 | \$216.62 | \$15.48 | \$0.00 |

Two Party (Cost for employee + 1 Dependent Coverage)

| | | | | | | | | | |
|-----------------|----------|------------|------------|------------|------------|------------|------------|------------|----------|
| Total Plan Cost | \$954.99 | \$2,147.85 | \$1,892.55 | \$1,513.83 | \$1,207.07 | \$2,554.89 | \$2,251.07 | \$1,544.99 | \$364.68 |
| SAUSD Pays | \$954.99 | \$2,040.46 | \$1,797.92 | \$1,483.55 | \$1,182.93 | \$2,043.91 | \$1,800.86 | \$1,514.09 | \$364.68 |
| Employee Pays | \$0.00 | \$107.39 | \$94.63 | \$30.28 | \$24.14 | \$510.98 | \$450.21 | \$30.90 | \$0.00 |

Two-Party One with and One without Medicare (Cost for Employee +1 Dependent Coverage)

| | | | | | | | | | |
|-----------------|------------|----------------|------------|----------------|------------|----------------|------------|----------------|----------|
| Total Plan Cost | \$1,210.84 | DOES NOT APPLY | \$2,034.12 | DOES NOT APPLY | \$1,429.20 | DOES NOT APPLY | \$2,408.99 | DOES NOT APPLY | \$956.59 |
| SAUSD Pays | \$1,196.21 | | \$1,932.41 | | \$1,400.62 | | \$1,927.19 | | \$937.46 |
| Employee Pays | \$14.63 | | \$101.71 | | \$28.58 | | \$481.80 | | \$19.13 |

Family (Cost for employee + 2 or more dependents Coverage)

| | | | | | | | | | |
|-----------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Total Plan Cost | \$1,525.15 | \$3,091.58 | \$2,724.44 | \$2,169.26 | \$1,738.85 | \$3,667.57 | \$3,231.80 | \$2,189.65 | \$1,018.57 |
| SAUSD Pays | \$1,472.86 | \$2,937.00 | \$2,588.22 | \$2,125.87 | \$1,704.07 | \$2,934.06 | \$2,585.44 | \$2,145.86 | \$998.20 |
| Employee Pays | \$52.29 | \$154.58 | \$136.22 | \$43.39 | \$34.78 | \$733.51 | \$646.36 | \$43.79 | \$20.37 |

In order to qualify for the Two-Party One with One Without Medicare rate you must be enrolled in a Two-Party plan and one person must be enrolled in Medicare Parts A and B.

In order to qualify for the Family with Medicare rate you must be enroll in a Family plan and two or more persons must be enrolled in Medicare Parts A and B.

Blue Shield rates include medical coverage, Express Scripts pharmacy coverage, and VSP vision coverage, except Blue Shield 65 Plus members. 65 Plus member receive pharmacy coverage through Blue Shield.

Kaiser rates include medical coverage, Kaiser pharmacy coverage, and VSP vision coverage, except Kaiser Senior Advantage members. Senior Advantage members receive vision coverage through Kaiser.

| Delta Care USA DHMO | Delta Dental Incentive DPPO | Delta Dental Network DPPO |
|---------------------|-----------------------------|---------------------------|
|---------------------|-----------------------------|---------------------------|

Single (Cost for Employee only coverage)

| | | | |
|-----------------|---------|---------|---------|
| Total Plan Cost | \$18.08 | \$53.65 | \$42.91 |
| SAUSD Pays | \$18.08 | \$53.65 | \$42.91 |
| Employee Pays | \$0.00 | \$0.00 | \$0.00 |

Two Party (Cost for employee + 1 Dependent Coverage)

| | | | |
|-----------------|---------|----------|----------|
| Total Plan Cost | \$29.84 | \$149.12 | \$119.29 |
| SAUSD Pays | \$29.84 | \$51.59 | \$46.26 |
| Employee Pays | \$0.00 | \$97.53 | \$73.03 |

Family (Cost for employee + 2 or more dependents Coverage)

| | | | |
|-----------------|---------|----------|----------|
| Total Plan Cost | \$44.11 | \$202.84 | \$162.24 |
| SAUSD Pays | \$44.11 | \$51.59 | \$46.26 |
| Employee Pays | \$0.00 | \$151.25 | \$115.98 |