

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, 2021 through June 30, 2022

Rates for Classified Employees Hired into a benefited position **BEFORE** November 1, 2008

	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
<b>Single Coverage (Employee Only)</b>							
<b>Total Plan Cost</b>	\$826.96	\$1,120.71	\$584.31	\$690.50	\$21.32	\$66.78	\$53.42
<b>SAUSD Pays</b>	-\$785.72	-\$896.57	-\$572.63	-\$677.39	-\$21.32	-\$66.78	-\$53.42
<b>Employee Pays</b>	\$41.24/MO.	\$224.14/MO.	\$11.68/MO.	\$13.11/MO.	\$0.00/MO.	\$0.00/MO.	\$0.00/MO.
<b>Two-Party Coverage (Employee +1 dependent)</b>							
<b>Total Plan Cost</b>	\$1,696.66	\$2,328.46	\$1,207.44	\$1,376.72	\$35.20	\$185.62	\$148.50
<b>SAUSD Pays</b>	-\$1,612.06	-\$1,862.78	-\$1,183.29	-\$1,350.59	-\$35.20	-\$61.91	-\$55.51
<b>Employee Pays</b>	\$84.60/MO.	\$465.68/MO.	\$24.15/MO.	\$26.13/MO.	\$0.00/MO.	\$123.71/MO.	\$92.99/MO.
<b>Family Coverage (Employee +2 or more dependents)</b>							
<b>Total Plan Cost</b>	\$2,443.56	\$3,343.54	\$1,740.08	\$1,952.32	\$52.02	\$252.50	\$201.96
<b>SAUSD Pays</b>	-\$2,321.70	-\$2,674.83	-\$1,705.27	-\$1,915.25	-\$52.02	-\$61.91	-\$55.51
<b>Employee Pays</b>	\$121.86/MO.	\$668.71/MO.	\$34.81/MO.	\$37.07/MO.	\$52.02/MO.	\$190.59/MO.	\$146.45/MO.

Rates for Classified Employees Hired into a benefited position **AFTER** November 1, 2008

	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
<b>Single Coverage (Employee Only)</b>							
<b>Total Plan Cost</b>	\$826.96	\$1,120.71	\$584.31	\$690.50	\$21.32	\$66.78	\$53.42
<b>SAUSD Pays</b>	-\$630.78	-\$572.63	-\$572.63	-\$619.36	-\$21.32	-\$66.78	-\$53.42
<b>Employee Pays</b>	\$196.18/MO.	\$548.08/MO.	\$11.68/MO.	\$71.14/MO.	\$0.00/MO.	\$0.00/MO.	\$0.00/MO.
<b>Two-Party Coverage (Employee +1 dependent)</b>							
<b>Total Plan Cost</b>	\$1,696.66	\$2,328.46	\$1,207.44	\$1,376.72	\$35.20	\$185.62	\$148.50
<b>SAUSD Pays</b>	-\$1,303.35	-\$1,183.29	-\$1,183.29	-\$1,277.61	-\$35.20	-\$61.91	-\$55.51
<b>Employee Pays</b>	\$393.31/MO.	\$1,145.17/MO.	\$24.15/MO.	\$99.11/MO.	\$0.00/MO.	\$123.71/MO.	\$92.99/MO.
<b>Family Coverage (Employee +2 or more dependents)</b>							
<b>Total Plan Cost</b>	\$2,443.56	\$3,343.54	\$1,740.08	\$1,952.32	\$52.02	\$252.50	\$201.96
<b>SAUSD Pays</b>	-\$1,877.95	-\$1,705.27	-\$1,705.27	-\$1,839.26	-\$52.02	-\$61.91	-\$55.51
<b>Employee Pays</b>	\$565.61/MO.	\$1,638.27/MO.	\$34.81/MO.	\$113.06/MO.	\$52.02/MO.	\$190.59/MO.	\$146.45/MO.

**Blue Shield rates include:** Medical, Express Scripts pharmacy, and V.S.P. vision coverage

**Kaiser Permanente rates include:** Medical, Kaiser pharmacy, and V.S.P. vision coverage

**Classified Employees Hired After November 1, 2008**

SAUSD pays the difference of their cost of the lowest HMO plan for each medical plan; Classified employees pay the rest. For more information about District-Employee contributions, you should refer to the CSEA contract.