

Classified COBRA Rates

The following charts summarize the monthly amounts SAUSD COBRA subscribers pay for their health insurance coverage.

COBRA Subscribers are billed a month in advance, on the third Monday of every month, and their payments are due the second Friday of the following month.

Rates are effective: July 1, 2021 through June 30, 2022

Medical Rates

Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO
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Single Coverage (Subscriber Only)

Total Plan Cost	\$702.92/MO.	\$952.60/MO.	\$496.66/MO.	\$586.92/MO.
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Two-Party Coverage (Subscriber +1 dependent)

Total Plan Cost	\$1,442.16/MO.	\$1,979.19/MO.	\$1,026.32/MO.	\$1,170.21/MO.
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Family Coverage (Subscriber +2 or more dependents)

Total Plan Cost	\$2,077.02/MO.	\$2,842.00/MO.	\$1,479.07/MO.	\$1,659.46/MO.
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Dental Rates

Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
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\$18.13/MO.	\$56.76/MO.	\$45.40/MO.
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\$29.92/MO.	\$157.78/MO.	\$126.22/MO.
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\$44.22/MO.	\$214.62/MO.	\$171.67/MO.
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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