

Classified Retiree Rates

All SAUSD retirees pay for their health insurance coverage. Your contributions for health insurance are to be paid on a *month-to-month* basis.

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

Medical Rates

| | Blue Shield 65 Plus | Blue Shield Access+ HMO | | Blue Shield Spectrum PPO | | Blue Shield Trio ACO HMO | | Kaiser HMO | Kaiser Senior Advantage |
|---------------------------------------|------------------------|----------------------------|---------------|-----------------------------|---------------|-----------------------------|---------------|---------------------|-------------------------------|
| | with Medicare | Without Medicare | With Medicare | Without Medicare | With Medicare | Without Medicare | With Medicare | Without Medicare | With Medicare |
| Single Coverage (Retiree Only) | | | | | | | | | |
| Plan Cost | \$353.03 | \$689.13 | \$602.91 | \$933.92 | \$819.91 | \$486.92 | \$431.04 | \$575.41 | \$193.15 |
| SAUSD Pays | -\$353.03 | -\$654.76 | -\$572.79 | -\$747.14 | -\$655.93 | -\$477.19 | -\$422.41 | -\$564.48 | -\$193.15 |
| You Pay | \$0.00/MO. | \$34.37/MO. | \$30.12/MO. | \$186.78/MO. | \$163.98/MO. | \$9.73/MO. | \$8.63/MO. | \$10.93/MO. | \$0.00/MO. |

Two-Party Coverage (Retiree +1 dependent)

| | | | | | | | | | |
|-------------------|------------|-------------|-------------|--------------|--------------|-------------|-------------|-------------|------------|
| Plan Cost | \$702.50 | \$1,413.88 | \$1,246.85 | \$1,940.38 | \$1,703.03 | \$1,006.19 | \$890.25 | \$1,147.26 | \$386.30 |
| SAUSD Pays | -\$702.50 | -\$1,343.38 | -\$1,184.58 | -\$1,552.31 | -\$1,362.42 | -\$986.06 | -\$872.44 | -\$1,125.48 | -\$386.30 |
| You Pay | \$0.00/MO. | \$70.50/MO. | \$62.27/MO. | \$388.07/MO. | \$340.61/MO. | \$20.13/MO. | \$17.81/MO. | \$21.78/MO. | \$0.00/MO. |

Two-Party Coverage One with One without Medicare (Retiree +1 dependent)

| | | | | | | | | | |
|-------------------|--------------------------|-------------|--|----------------------|--------------|----------------------|-------------|----------------------|-------------|
| Plan Cost | \$839.96 | \$1,339.47 | | DOES NOT APPLY | \$1,826.39 | DOES NOT APPLY | \$950.31 | DOES NOT APPLY | \$739.53 |
| SAUSD Pays | -\$830.23 | -\$1,269.82 | | | -\$1,461.10 | | -\$931.30 | | -\$724.74 |
| You Pay | \$9.73/MO. | \$69.65/MO. | | | \$365.29/MO. | | \$19.01/MO. | | \$14.79/MO. |
| Plan Cost | \$1,042.17 | | | | | | | | |
| SAUSD Pays | -\$1,007.80 | | | | | | | | |
| You Pay | \$34.37/MO. 1 on Access+ | | | | | | | | |

Family Coverage (Retiree +2 or more dependents)

| | | | | | | | | | |
|-------------------|----------------------|--------------|-------------|--------------|--------------|-------------|-------------|-------------|-------------|
| Plan Cost | DOES NOT APPLY | \$2,036.30 | \$1,796.11 | \$2,786.28 | \$2,445.87 | \$1,450.07 | \$1,283.39 | \$1,626.93 | \$852.34 |
| SAUSD Pays | | -\$1,934.75 | -\$1,706.39 | -\$2,229.02 | -\$1,956.69 | -\$1,421.06 | -\$1,257.73 | -\$1,596.04 | -\$835.29 |
| You Pay | | \$101.55/MO. | \$89.72/MO. | \$557.26/MO. | \$489.18/MO. | \$29.01/MO. | \$25.66/MO. | \$30.89/MO. | \$17.05/MO. |

Dental Rates

| Delta Care USA DHMO | Delta Dental Incentive DPPO | Delta Dental Network DPPO |
|---------------------------|-----------------------------------|---------------------------------|
| \$17.77 | \$55.65 | \$44.51 |
| -\$17.77 | -\$55.65 | -\$44.51 |
| \$0.00/MO. | \$0.00/MO. | \$0.00/MO. |
| \$29.33 | \$154.68 | \$123.75 |
| -\$29.33 | -\$51.59 | -\$46.26 |
| \$0.00/MO. | \$103.09/MO. | \$77.49/MO. |
| \$43.35 | \$210.42 | \$168.30 |
| -\$43.35 | -\$51.59 | -\$46.26 |
| \$0.00/MO. | \$158.83/MO. | \$122.04/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