

Classified Self Pay Rates

All SAUSD self-pay 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

Dental Rates

	Blue Shield 65 Plus with Medicare	Blue Shield Access+ HMO		Blue Shield Spectrum PPO		Blue Shield Trio ACO HMO		Kaiser HMO	Kaiser Senior Advantage
		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	\$165.45
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	\$330.90
Two-Party Coverage One with One without Medicare (Retiree +1 dependent)									
Plan Cost	\$839.96	1 on Trio	\$1,339.47	DOES NOT APPLY	\$1,826.39	DOES NOT APPLY	\$950.31	DOES NOT APPLY	\$740.86
Plan Cost	\$1,042.17	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	\$1,283.38	\$1,626.93	\$819.93

Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
\$17.77	\$55.65	\$44.51
\$29.33	\$154.68	\$123.75
\$43.35	\$210.42	\$168.30

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