

CLASSIFIED ACTIVE RATES SUMMARY

All SAUSD employees pay for their medical insurance coverage. Be sure to look at the appropriate chart for your specific rates.

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage. Your contributions are to be paid on a month-to-month basis.

Rates are effective July 1, 2023 through June 30, 2024

Tenthly Rates for Classified Employees Hired Before November 1, 2021

| | Medical Rates | | | | Dental Rates | | |
|--|-------------------------|-----------------|--------------------------|-----------------------|---------------------|-----------------------------|---------------------------|
| | Blue Shield Access+ HMO | Blue Shield PPO | Blue Shield Trio ACO HMO | Kaiser Permanente HMO | Delta Care USA DHMO | Delta Dental Incentive DPPO | Delta Dental Network DPPO |
| Single (Cost for Employee only coverage) | | | | | | | |
| Total Plan Cost | \$1,023.33 | \$1,339.47 | \$693.67 | \$910.57 | \$21.32 | \$62.50 | \$49.99 |
| SAUSD Pays | \$972.16 | \$1,071.58 | \$679.80 | \$862.36 | \$21.32 | \$62.50 | \$49.99 |
| Employee Pays | \$51.17 | \$267.89 | \$13.87 | \$18.21 | \$0.00 | \$0.00 | \$0.00 |
| Two-Party (Cost for Employee +1 Dependent coverage) | | | | | | | |
| Total Plan Cost | \$2,100.53 | \$2,784.02 | \$1,434.38 | \$1,816.93 | \$35.20 | \$173.73 | \$138.98 |
| SAUSD Pays | \$1,995.50 | \$2,227.22 | \$1,405.69 | \$1,780.59 | \$35.20 | \$61.91 | \$55.51 |
| Employee Pays | \$105.03 | \$556.80 | \$28.69 | \$36.34 | \$0.00 | \$111.82 | \$83.47 |
| Family (Cost for Employee +2 or more dependents coverage) | | | | | | | |
| Total Plan Cost | \$3,024.22 | \$3,996.85 | \$2,066.33 | \$2,575.15 | \$52.02 | \$236.32 | \$189.02 |
| SAUSD Pays | \$2,873.01 | \$3,197.48 | \$2,025.00 | \$2,523.65 | \$52.02 | \$61.91 | \$55.51 |
| Employee Pays | \$151.21 | \$799.37 | \$41.33 | \$51.50 | \$0.00 | \$174.41 | \$133.51 |

Tenthly Rates for Classified Employees Hired After November 1, 2021

| | Medical Rates | | | | Dental Rates | | |
|--|-------------------------|-----------------|--------------------------|-----------------------|---------------------|-----------------------------|---------------------------|
| | Blue Shield Access+ HMO | Blue Shield PPO | Blue Shield Trio ACO HMO | Kaiser Permanente HMO | Delta Care USA DHMO | Delta Dental Incentive DPPO | Delta Dental Network DPPO |
| Single (Cost for Employee only coverage) | | | | | | | |
| Total Plan Cost | \$1,023.33 | \$1,339.47 | \$693.67 | \$910.57 | \$21.32 | \$62.50 | \$49.99 |
| SAUSD Pays | \$679.80 | \$679.80 | \$679.80 | \$679.80 | \$21.32 | \$62.50 | \$49.99 |
| Employee Pays | \$343.53 | \$659.67 | \$13.87 | \$230.77 | \$0.00 | \$0.00 | \$0.00 |
| Two-Party (Cost for Employee +1 Dependent coverage) | | | | | | | |
| Total Plan Cost | \$2,100.53 | \$2,784.02 | \$1,434.38 | \$1,816.93 | \$35.20 | \$173.73 | \$138.98 |
| SAUSD Pays | \$1,405.69 | \$1,405.69 | \$1,405.69 | \$1,405.69 | \$35.20 | \$61.91 | \$55.21 |
| Employee Pays | \$694.84 | \$1,378.33 | \$28.69 | \$411.24 | \$0.00 | \$111.82 | \$83.47 |
| Family (Cost for Employee +2 or more dependents coverage) | | | | | | | |
| Total Plan Cost | \$3,024.22 | \$3,996.85 | \$2,066.33 | \$2,575.15 | \$52.02 | \$236.32 | \$189.02 |
| SAUSD Pays | \$2,025.00 | \$2,025.00 | \$2,025.00 | \$2,025.00 | \$52.02 | \$61.91 | \$55.51 |
| Employee Pays | \$999.22 | \$1,971.85 | \$41.33 | \$550.15 | \$0.00 | \$174.41 | \$133.51 |