

CLASSIFIED POST ELIGIBLE RATES SUMMARY

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

Your contributions are to be paid on a month-to-month basis.

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

Monthly Rates for Classified Post Eligible Employees

Blue Shield 65 Plus	Blue Shield Access + HMO		Blue shield Trio ACO HMO		Blue Shield PPO		Kaiser HMO	Kaiser Senior advantage
	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare	Without Medicare

Single (Cost for Retiree only coverage)

Employee Pays	\$405.52	\$852.78	\$744.62	\$578.06	\$511.12	\$1,116.23	\$978.95	\$758.81	\$149.46
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Two Party (Cost for employee + 1 Dependent Coverage)

Employee Pays	\$807.53	\$1,750.45	\$1,540.94	\$1,195.32	\$1,056.46	\$2,320.02	\$2,034.22	\$1,514.11	\$298.92
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Two-Party One with and One without Medicare (Cost for Employee +1 Dependent Coverage)

1 on Trio

Employee Pays	\$983.58	Does Not Apply	\$1,657.12	Does Not Apply	\$1,128.39	Does Not Apply	\$2,182.77	Does Not Apply	\$908.27
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1 on Access+

Employee Pays	\$1,258.30
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Family (Cost for employee + 2 or more dependents Coverage)

Employee Pays	Does Not Apply	\$2,520.18	\$2,218.89	\$1,721.94	\$1,522.30	\$3,330.71	\$2,920.80	2,145.96	\$940.00
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In order to qualify for the Two-Party One with One Without Medicare rate you must be enrolled in a Two-Party plan and one person must be enrolled in Medicare Parts A and B.

In order to qualify for the Family with Medicare rate you must be enroll in a Family plan and two or more persons must be enrolled in Medicare Parts A and B.

Blue Shield rates include medical coverage, Express Scripts pharmacy coverage, and VSP vision coverage, except Blue Shield 65 Plus members. 65 Plus member receive pharmacy coverage through Blue Shield.

Kaiser rates include medical coverage, Kaiser pharmacy coverage, and VSP vision coverage, except Kaiser Senior Advantage members. Senior Advantage members receive vision coverage through Kaiser.

	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
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Single (Cost for Employee only coverage)

Employee Pays	\$17.77	\$52.08	\$41.66
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Two Party (Cost for employee + 1 Dependent Coverage)

Employee Pays	\$29.33	\$144.78	\$115.82
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Family (Cost for employee + 2 or more dependents Coverage)

Employee Pays	\$43.35	\$196.93	\$157.52
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