

Headstart/Preschool Rates

All SAUSD employees pay for their medical insurance coverage. *Be sure to look at the appropriate chart for your specific rates.* Your contributions for health insurance are deducted on a *month-to-month* basis, are *pre-tax*, and calculated each pay period, which effectively lowers your tax liability.

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

Rates for Headstart/Preschool Employees Hired **BEFORE** October 27, 1998

	Medical Rates				Dental Rates		
	Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
Single Coverage (Employee Only)							
Total Plan Cost	\$826.96	\$1,120.71	\$584.31	\$690.50	\$21.32	\$66.78	\$53.42
SAUSD Pays	-\$785.61	-\$896.57	-\$572.63	-\$676.69	-\$21.32	-\$66.78	-\$53.42
Employee Pays	\$41.35/MO.	\$224.14/MO.	\$11.68/MO.	\$13.81/MO.	\$0.00/MO.	\$0.00/MO.	\$0.00/MO.
Two-Party Coverage (Employee +1 dependent)							
Total Plan Cost	\$1,696.66	\$2,328.46	\$1,207.44	\$1,376.72	\$35.20	\$185.62	\$148.50
SAUSD Pays	-\$1,611.82	-\$1,862.78	-\$1,183.29	-\$1,349.19	-\$35.20	-\$61.91	-\$55.51
Employee Pays	\$84.84/MO.	\$465.68/MO.	\$24.15/MO.	\$27.53/MO.	\$0.00/MO.	\$123.71/MO.	\$92.99/MO.
Family Coverage (Employee +2 or more dependents)							
Total Plan Cost	\$2,443.56	\$3,343.54	\$1,740.08	\$1,952.32	\$52.02	\$252.50	\$201.96
SAUSD Pays	-\$2,321.38	-\$2,674.83	-\$1,705.27	-\$1,913.27	-\$52.02	-\$61.91	-\$55.51
Employee Pays	\$122.18/MO.	\$668.71/MO.	\$34.81/MO.	\$39.05/MO.	\$0.00/MO.	\$190.59/MO.	\$146.45/MO.

Rates for Headstart/Preschool Employees Hired **AFTER** October 27, 1998

	Medical Rates				Dental Rates
	Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	Delta Care USA DHMO
Single Coverage (Employee Only)					
Total Plan Cost	\$826.96	\$1,120.71	\$584.31	\$690.50	\$21.32
SAUSD Pays	-\$572.63	-\$572.63	-\$572.63	-\$572.63	-\$21.32
Employee Pays	\$254.33/MO.	\$548.08/MO.	\$11.68/MO.	\$117.87/MO.	\$0.00/MO.
Two-Party Coverage (Employee +1 dependent)					
Total Plan Cost	\$1,696.66	\$2,328.46	\$1,207.44	\$1,376.72	\$35.20
SAUSD Pays	-\$1,183.29	-\$1,183.29	-\$1,183.29	-\$1,183.29	-\$35.20
Employee Pays	\$513.37/MO.	\$1,145.17/MO.	\$24.15/MO.	\$193.43/MO.	\$0.00/MO.
Family Coverage (Employee +2 or more dependents)					
Total Plan Cost	\$2,443.56	\$3,343.54	\$1,740.08	\$1,952.32	\$52.02
SAUSD Pays	-\$1,705.27	-\$1,705.27	-\$1,705.27	-\$1,705.27	-\$52.02
Employee Pays	\$738.29/MO.	\$1,638.27/MO.	\$34.81/MO.	\$247.05/MO.	\$0.00/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

Headstart/Preschool Employees

Employees hired after October 27, 1998 are only eligible for the least expensive medical and dental programs offered by the District and may not change to more expensive medical or dental plans. For more information about benefits eligibility, you should refer to the CSEA contract.