Management Active Employee 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 Employees Hired BEFORE July 1, 2019

	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 Covera	ge (Employee On	ly)							
Total Plan Cost	\$821.04	\$1,074.56	\$579.90	\$692.04	\$21.32	\$66.78	\$55.92		
SAUSD Pays	- \$749.61	- \$906.74	- \$555.11	- \$641.19	- \$21.32	- \$66.78	- \$55.92		
Employee Pays	\$71.43/мо.	\$167.82 _{/MO.}	\$24.79 _{/MO.}	\$50.85 _{/MO} .	\$0.00 _{/MO} .	\$0.00/MO.	\$0.00 _{/MO.}		
Two-Party Cov	verage (Employe	ee +1 dependent)							
Total Plan Cost	\$1,698.49	\$2,232.51	\$1,198.26	\$1,379.79	\$35.20	\$185.62	\$155.45		
SAUSD Pays	- \$1,550.72	- \$1,883.77	- \$1,147.02	- \$1,283.76	- \$35.20	- \$61.91	- \$55.51		
Employee Pays	\$147.77/мо.	\$348.74/мо.	\$51.24 /мо.	\$96.03/мо.	\$0.00/мо.	\$123.71/мо.	\$99.94/мо.		
Family Covera	ige (Employee +2	or more depende							
Total Plan Cost	\$2,446.16	\$3,205.92	\$1,726.91	\$1,956.66	\$52.02	\$252.50	\$211.42		
SAUSD Pays	- \$2,233.33	- \$2,705.18	- \$1,653.06	- \$1,815.12	- \$52.02	- \$61.91	- \$55.51		
Employee Pays	\$212.83 _{/MO} .	\$500.74 _{/MO.}	\$73.85 _{/MO} .	\$141.54 _{/MO} .	\$0.00 _{/MO.}	\$190.59 _{/МО.}	\$155.91 _{/MO.}		

Rates for Employees Hired AFTER July 1, 2019

	Medical Rates					Dental Rates			
	Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	Delta C USA DHM0		Delta Dental Incentive DPPO	Delta Dental Network DPPO	
Single Covera	ge (Employee Or	nly)							
Total Plan Cost	\$821.04	\$1,074.56	\$579.90	\$692.04	\$2	1.32	\$66.78	\$55.92	
SAUSD Pays	- \$630.55	- \$580.81	- \$491.33	- \$641.19	- \$2	1.32	- \$66.78	- \$55.92	
Employee Pays	\$190.49 _{/MO} .	\$493.75/мо.	\$88.57 /мо.	\$50.85/MO.	\$0.0	0/мо.	\$0.00/mo.	\$0.00/мо.	
Two-Party Coverage (Employee +1 dependent)									
Total Plan Cost	\$1,698.49	\$2,232.51	\$1,198.26	\$1,379.79	\$3	5.20	\$185.62	\$155.45	
SAUSD Pays	- \$1,263.78	- \$1,165.64	- \$983.82	- \$1,283.76	- \$3	5.20	- \$61.91	- \$55.51	
Employee Pays	\$434.71 _{/MO.}	\$1,066.87 _{/MO.}	\$214.44 _{/MO.}	\$96.03 _{/MO} .	\$0.0	0/мо.	\$123.71 _{/МО.}	\$99.94 _{/MO.}	
Family Coverage (Employee +2 or more dependents)									
Total Plan Cost	\$2,446.16	\$3,205.92	\$1,726.91	\$1,956.66	\$5	2.02	\$252.50	\$211.42	
SAUSD Pays	- \$1,788.28	- \$1,650.84	- \$1,392.62	- \$1,815.12	- \$5	2.02	- \$61.91	- \$55.51	
Employee Pays	\$657.88/MO.	\$1,555.08 /мо.	\$334.29 /мо.	\$141.54 /мо.	\$0.0	0/мо.	\$190.59 /мо.	\$155.91 _{/МО.}	

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

Management Employees Hired After July 1, 2018

All Management employees hired after July 1, 2018 pay the contracted percentage for medical for two consecutive years. After the two years, they pay the lower hired before rates. For more information about District-Employee contributions, you should refer to your union contract.