

Management COBRA Rates

The following charts summarize the monthly amounts SAUSD COBRA subscribers pay for their health insurance coverage.

COBRA Subscribers are billed a month in advance, on the third Monday of every month, and their payments are due the second Friday of the following month.

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

Medical Rates

Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO
-------------------------	--------------------------	--------------------------	-----------------------

Single Coverage (Subscriber Only)

Total Plan Cost	\$638.85/MO.	\$913.37/MO.	\$492.91/MO.	\$588.23/MO.
------------------------	--------------	--------------	--------------	--------------

Two-Party Coverage (Subscriber +1 dependent)

Total Plan Cost	\$1,325.38/MO.	\$1,897.63/MO.	\$1,018.51/MO.	\$1,172.82/MO.
------------------------	----------------	----------------	----------------	----------------

Family Coverage (Subscriber +2 or more dependents)

Total Plan Cost	\$1,905.70/MO.	\$2,725.03/MO.	\$1,467.87/MO.	\$1,663.16/MO.
------------------------	----------------	----------------	----------------	----------------

Dental Rates

Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
---------------------	-----------------------------	---------------------------

\$18.13/MO.	\$56.76/MO.	\$47.53/MO.
-------------	-------------	-------------

\$29.92/MO.	\$157.78/MO.	\$132.13/MO.
-------------	--------------	--------------

\$44.22/MO.	\$214.62/MO.	\$179.71/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