

Management Retiree Rates

All SAUSD retirees pay for their health insurance coverage. Your contributions for health insurance are to be paid on a *month-to-month* basis.

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

Medical Rates

	Blue Shield 65 Plus	Blue Shield Access+ HMO		Blue Shield Spectrum PPO		Blue Shield Trio ACO HMO		Kaiser HMO	Kaiser Senior Advantage
	with Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare
Single Coverage (Retiree Only)									
Plan Cost	\$336.91	\$684.19	\$598.52	\$895.46	\$787.98	\$483.24	\$427.72	\$576.69	\$150.33
SAUSD Pays	-\$336.91	-\$624.67	-\$545.02	-\$755.61	-\$663.54	-\$462.58	-\$408.17	-\$534.31	-\$150.33
You Pay	\$0.00/MO.	\$59.52/MO.	\$53.50/MO.	\$139.85/MO.	\$124.44/MO.	\$20.66/MO.	\$19.55/MO.	\$42.38 /MO.	\$0.00/MO.

Two-Party Coverage (Retiree +1 dependent)

Plan Cost	\$670.26	\$1,415.40	\$1,237.68	\$1,860.42	\$1,636.56	\$998.54	\$883.36	\$1,149.82	\$300.66
SAUSD Pays	-\$670.26	-\$1,292.26	-\$1,127.04	-\$1,569.80	-\$1,378.02	-\$955.84	-\$842.97	-\$1,069.79	-\$300.66
You Pay	\$0.00/MO.	\$123.14/MO.	\$110.64/MO.	\$290.62/MO.	\$258.54/MO.	\$42.70/MO.	\$40.39/MO.	\$80.03/MO.	\$0.00/MO.

Two-Party Coverage One with One without Medicare (Retiree +1 dependent)

Plan Cost	\$820.16	\$1,329.76	DOES	\$1,752.92	DOES	\$943.01	DOES	\$727.02	
SAUSD Pays	-\$799.50	-\$1,212.61	NOT	-\$1,477.71	NOT	-\$901.43	NOT	-\$676.12	
You Pay	\$20.66/MO.	\$117.12/MO.	APPLY	\$275.21/MO.	APPLY	\$41.58/MO.	APPLY	\$50.90/MO.	
Plan Cost	\$1,021.11								
SAUSD Pays	-\$961.59								
You Pay	\$59.52/MO. 1 on Access+								

Family Coverage (Retiree +2 or more dependents)

Plan Cost	DOES	\$2,038.47	\$1,782.94	\$2,671.60	\$2,350.55	\$1,439.09	\$1,273.47	\$1,630.55	DOES
SAUSD Pays	NOT	-\$1,861.12	-\$1,623.56	-\$2,254.32	-\$1,979.27	-\$1,377.55	-\$1,215.24	-\$1,512.60	NOT
You Pay	APPLY	\$177.35/MO.	\$159.38/MO.	\$417.28/MO.	\$371.28/MO.	\$61.54/MO.	\$58.23/MO.	\$117.95/MO.	APPLY

Dental Rates

Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
\$17.77	\$55.65	\$46.60
-\$17.77	-\$55.65	-\$46.60
\$0.00/MO.	\$0.00/MO.	\$0.00/MO.
\$29.33	\$154.68	\$129.54
-\$29.33	-\$51.59	-\$46.26
\$0.00/MO.	\$103.09/MO.	\$83.28/MO.
\$43.35	\$210.42	\$176.18
-\$43.35	-\$51.59	-\$46.26
\$0.00/MO.	\$158.83/MO.	\$129.93/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