

# Management Self-Pay Rates

All SAUSD self-pay 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		

### Single Coverage (Retiree Only)

<b>You Pay</b>	\$336.91/MO.	\$684.19/MO.	\$598.52/MO.	\$895.46/MO.	\$787.98/MO.	\$483.24/MO.	\$427.72/MO.	\$576.69/MO.	\$150.33/MO.
----------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------

### Two-Party Coverage (Retiree +1 dependent)

<b>You Pay</b>	\$670.26/MO.	\$1,415.40/MO.	\$1,237.68/MO.	\$1,860.42/MO.	\$1,636.56/MO.	\$998.54/MO.	\$883.36/MO.	\$1,149.82/MO.	\$300.66/MO.
----------------	--------------	----------------	----------------	----------------	----------------	--------------	--------------	----------------	--------------

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

<b>You Pay</b>	\$820.16/MO.	1 on Trio	\$1,329.76/MO.	DOES NOT APPLY	\$1,752.92/MO.	DOES NOT APPLY	\$943.01/MO.	DOES NOT APPLY	\$727.02/MO.
----------------	--------------	-----------	----------------	----------------	----------------	----------------	--------------	----------------	--------------

**You Pay** \$1,021.11/MO. 1 on Access+

### Family Coverage (Retiree +2 or more dependents)

<b>You Pay</b>	DOES NOT APPLY	\$2,038.47/MO.	\$1,782.94/MO.	\$2,671.60/MO.	\$2,350.55/MO.	\$1,439.09/MO.	\$1,237.47/MO.	\$1,630.55/MO.	DOES NOT APPLY
----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

**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

## Dental Rates

Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
\$17.77/MO.	\$55.65/MO.	\$46.60/MO.
\$29.33/MO.	\$154.68/MO.	\$129.54/MO.
\$43.35/MO.	\$210.42/MO.	\$176.18/MO.