SASPOA 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 SASPOA Employees Hired **BEFORE** November 1, 2008

	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	\$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/мо.	
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} .		\$52.02 _{/MO} .	\$190.59 _{/MO} .	\$146.45 _{/MO} .	

Rates for SASPOA Employees Hired **AFTER** November 1, 2008

	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
je (Employee Or	nly)					
\$826.96	\$1,120.71	\$584.31	\$690.50	\$21.32	\$66.78	\$53.42
- \$572.63	- \$572.63	- \$572.63	- \$573.63	- \$21.32	- \$66.78	- \$53.42
\$254.33/MO.	\$548.08/MO.	\$11.68/MO.	\$117.87 _{/MO} .	\$0.00 _{/MO} .	\$0.00/MO.	\$0.00/MO.
erage (Employ	ee +1 dependent)					
\$1,696.66	\$2,328.46	\$1,207.44	\$1,376.72	\$35.20	\$185.62	\$148.50
- \$1,183.29	- \$1,183.29	- \$1,183.29	- \$1,183.29	- \$35.20	- \$61.91	- \$55.51
\$513.37 _{/MO} .	\$1,145.17 _{/MO} .	\$24.15 _{/MO} .	\$193.43 _{/MO} .	\$0.00 _{/MO} .	\$123.71 _{/MO} .	\$92.99 _{/MO.}
ge (Employee +2	? or more depende					
\$2,443.56	\$3,343.54	\$1,740.08	\$1,952.32	\$52.02	\$252.50	\$201.96
- \$1,705.27	- \$1,705.27	- \$1,705.27	- \$1,705.27	- \$52.02	- \$61.91	- \$55.51
\$738.29/MO.	\$1,638.27 _{/MO} .	\$34.81/мо.	\$247.05/MO.	\$52.02/мо.	\$190.59 _{/MO} .	\$146.45/MO.
	Access+ HMO Je (Employee Or \$826.96 - \$572.63 \$254.33/MO. erage (Employee \$1,696.66 - \$1,183.29 \$513.37/MO. Je (Employee +2 \$2,443.56 - \$1,705.27	Blue Shield Access+ HMO Blue Shield Spectrum PPO \$826.96 \$1,120.71 -\$572.63 \$572.63 \$254.33/MO. \$548.08/MO. \$1,696.66 \$2,328.46 -\$1,183.29 \$1,145.17/MO. \$1,696.66 \$2,328.46 -\$1,183.29 \$1,145.17/MO. \$26 (Employee +2 or more depende \$2,443.56 \$3,343.54 -\$1,705.27	Blue Shield Access+ HMO Blue Shield Spectrum PPO HMO Trio ACO HMO HMO Section Sec	Blue Shield Access+ HMO Blue Shield Spectrum PPO Blue Shield Trio ACO HMO Sh	Blue Shield Access+ HMO Blue Shield Trio ACO HMO Blue (Employee Only) \$826.96 \$1,120.71 \$584.31 \$690.50 \$21.32 \$254.33 \$6548.08	Blue Shield Access+ HMO Blue Shield Trio ACO HMO Blue Shield Spectrum Permanente HMO Blue Shield Spectrum Spectrum Shield Spectrum Spectru

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