## Santa Ana Unified School District

Certificated Retiree 2024 – 2025 Rates



All SAUSD employees pay for their medical insurance coverage. Be sure to look at the appropriate chart for your specific rates. The tables below summarize the employee contribution amount that will be effective July 1, 2024

Rates are currently still pending negotiations. Shown on this table is a range where your benefit premium will fall once negotiations are met. Rates shown are from July 2024 through October 2024.

## Rates are effective July 1, 2024 through October 31, 2024

Monthly Rates for Certificated Retired Employees

	Blue Shield Access + HMO		Blue shield Trio ACO HMO		Blue Shield PPO			
	Without Medicare	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare		
Single (Cost for Employee only coverage)								
Total Plan Cost	\$933.47	\$816.44	\$654.33	\$579.17	\$1,063.73	\$940.77		
SAUSD Pays	\$858.79	\$751.12	\$641.24	\$567.59	\$904.17	\$799.65		
Employee Pays	\$74.68	\$65.32	\$13.09	\$11.58	\$159.56	\$141.12		
Two Party (Cost for employee + 1 Dependent Coverage)								
Total Plan Cost	\$1,932.62	\$1,689.86	\$1,353.56	\$1,197.67	\$2,210.86	\$1,954.77		
SAUSD Pays	\$1,778.01	\$1,554.67	\$1,326.49	\$1,173.72	\$1,879.23	\$1,661.56		
Employee Pays	\$154.61	\$135.19	\$27.07	\$23.95	\$331.63	\$293.21		
Two-Party One with and One without Medicare (Cost for Employee +1 Dependent Coverage)								
Total Plan Cost		\$1,815.64	DOES NOT APPLY	\$1,278.41	DOES NOT APPLY	\$2,087.88		
SAUSD Pays	DOES NOT APPLY	\$1,670.39		\$1,252.84		\$1,774.70		
Employee Pays		\$145.25		\$25.57		\$313.18		
Family (Cost for employee + 2 or more dependents Coverage)								
Total Plan Cost	\$2,782.10	\$2,433.04	\$1,949.49	\$1,725.33	\$3,174.15	\$2,806.88		
SAUSD Pays	\$2,559.53	\$2,238.40	\$1,910.50	\$1,690.82	\$2,698.03	\$2,385.85		
Employee Pays	\$222.57	\$194.64	\$38.99	\$34.51	\$476.12	\$421.03		

	Blue Shield 65 Plus	Kaiser HMO	Kaiser Senior Advantage	
	With Medicare	Without Medicare	With Medicare	
ingle (Cost for Employee only co	overage)			
Total Plan Cost	\$428.81	\$760.50	\$150.90	
SAUSD Pays	\$413.52	\$714.87	\$150.90	
Employee Pays	\$15.29	\$45.63	\$0.00	
wo Party (Cost for employee + 1	L Dependent Coverage)			
Total Plan Cost	\$854.11	\$1,517.48	\$301.80	
SAUSD Pays	\$823.54	\$1,426.48	\$301.80	
Employee Pays	\$30.57	\$91.05	\$0.00	
wo-Party One with and One with	<b>thout Medicare</b> (Cost for Employ	vee +1 Dependent Coverage)		
Total Plan Cost	\$1,083.14		\$911.40	
SAUSD Pays	\$1,054.76	DOES NOT APPLY	\$856.72	
Employee Pays	\$28.38		\$54.68	
ne on Access +				
Total Plan Cost	\$1,362.28			
SAUSD Pays	\$1,272.31			
Employee Pays	\$89.97			
amily (Cost for employee + 2 or	more dependents Coverage)			
Total Plan Cost		\$2,150.74	\$944.28	
SAUSD Pays	DOES NOT APPLY	\$2,021.70	\$887.62	
Employee Pays		\$129.04	\$56.66	

## Santa Ana Unified School District



## Rates are effective July 1, 2024 through Oct 31, 2024

**Monthly Rates for Certificated Retired Employees** 

	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO				
Single (Cost for Employee only coverage)							
Total Plan Cost	\$18.08	\$53.65	\$44.93				
SAUSD Pays	\$18.08	\$53.65	\$44.93				
Employee Pays	\$0.00	\$0.00	\$0.00				
Two Party (Cost for employee + 1 Dependent Coverage)							
Total Plan Cost	\$29.84	\$149.12	\$124.88				
SAUSD Pays	\$29.84	\$51.59	\$46.26				
Employee Pays	\$0.00	\$97.53	\$78.62				
Family (Cost for employee + 2 or more dependents Coverage)							
Total Plan Cost	\$44.11	\$202.84	\$169.85				
SAUSD Pays	\$44.11	\$51.59	\$46.26				
Employee Pays	\$0.00	\$151.25	\$123.59				

In order to qualify for the Two-Party One with One Without Medicare rate you must be enrolled in a Two-Party plan and one person must be enrolled in Medicare Parts A and B.

In order to qualify for the Family with Medicare rate you must be enroll in a Family plan and two or more persons must be enrolled in Medicare Parts A and B.

Blue Shield rates include medical coverage, Express Scripts pharmacy coverage, and VSP vision coverage, except Blue Shield 65 Plus members. 65 Plus member receive pharmacy coverage through Blue Shield. Kaiser rates include medical coverage, Kaiser pharmacy coverage, and VSP vision coverage, except Kaiser Senior Advantage members. Senior Advantage members receive vision coverage through Kaiser.