



## Certificated Active 2025 – 2026 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, 2025. Remember, your contributions for healthcare coverage are deducted tenthly (10 months) before taxes and are calculated each pay period, effectively lowering your tax liability.

### Rates are effective July 1, 2025 through June 30, 2026

#### Tenthly rates for Certificated Employees with 2+ years in a benefited position

Medical Rates			
Blue Shield Access+ HMO	Blue Shield PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO

##### Single (Cost for Employee only coverage)

Total Plan Cost	\$1,028.77	\$1,081.28	\$660.64	\$923.53
SAUSD Pays	\$930.58	\$871.68	\$643.46	\$867.66
Employee Pays	\$98.19	\$209.60	\$17.18	\$55.87

##### Two-Party (Cost for Employee +1 Dependent coverage)

Total Plan Cost	\$2,134.30	\$2,251.42	\$1,370.63	\$1,847.06
SAUSD Pays	\$1,930.98	\$1,815.73	\$1,335.07	\$1,735.57
Employee Pays	\$203.32	\$435.69	\$35.56	\$111.49

##### Family (Cost for Employee +2 or more dependents coverage)

Total Plan Cost	\$3,068.80	\$3,228.96	\$1,970.76	\$2,613.60
SAUSD Pays	\$2,776.14	\$2,603.49	\$1,919.56	\$2,455.59
Employee Pays	\$292.66	\$625.47	\$51.20	\$158.01

#### Tenthly rates for Certificated Employees with 0-2 years in a benefited position

Medical Rates			
Blue Shield Access+ HMO	Blue Shield PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO

##### Single (Cost for Employee only coverage)

Total Plan Cost	\$1,028.77	\$1,081.28	\$660.64	\$923.53
SAUSD Pays	\$643.46	\$526.01	\$643.46	\$834.39
Employee Pays	\$385.31	\$555.27	\$17.18	\$89.14

##### Two-Party (Cost for Employee +1 Dependent coverage)

Total Plan Cost	\$2,134.30	\$2,251.42	\$1,370.63	\$1,847.06
SAUSD Pays	\$1,335.07	\$1,089.07	\$1,335.07	\$1,731.19
Employee Pays	\$799.23	\$1,162.35	\$35.56	\$115.87

##### Family (Cost for Employee +2 or more dependents coverage)

Total Plan Cost	\$3,068.80	\$3,228.96	\$1,970.76	\$2,613.60
SAUSD Pays	\$1,919.56	\$1,568.13	\$1,919.56	\$2,489.12
Employee Pays	\$1,149.24	\$1,660.83	\$51.20	\$124.48



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Tenthly rates for Certificated Employees in a benefited position

### Dental Rates

Delta Dental DHMO	Delta Dental Network DPPO	Delta Dental Incentive DPPO
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**Single** (Cost for Employee only coverage)

<b>Total Plan Cost</b>	\$21.70	\$53.91	\$64.38
<b>SAUSD Pays</b>	\$21.70	\$53.91	\$64.38
<b>Employee Pays</b>	\$0.00	\$0.00	\$0.00

**Two-Party** (Cost for Employee +1 Dependent coverage)

<b>Total Plan Cost</b>	\$35.81	\$149.85	\$178.94
<b>SAUSD Pays</b>	\$35.81	\$55.51	\$61.91
<b>Employee Pays</b>	\$0.00	\$94.34	\$117.03

**Family** (Cost for Employee +2 or more dependents coverage)

<b>Total Plan Cost</b>	\$52.93	\$203.82	\$243.41
<b>SAUSD Pays</b>	\$52.93	\$55.51	\$61.91
<b>Employee Pays</b>	\$0.00	\$148.31	\$181.50