Santa Ana Unified School District



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

	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	\$1,047.49	\$1,100.96	\$672.66	\$923.53		
SAUSD Pays	\$947.81	\$888.41	\$655.24	\$867.66		
Employee Pays	\$99.68	\$212.55	\$17.42	\$55.87		
Two-Party (Cost for Employee +1 Dependent coverage)						
Total Plan Cost	\$2,173.13	\$2,292.38	\$1,395.58	\$1,847.06		
SAUSD Pays	\$1,966.70	\$1,850.54	\$1,359.52	\$1,735.57		
Employee Pays	\$206.43	\$441.84	\$36.06	\$111.49		
Family (Cost for Employee +2 or more dependents coverage)						
Total Plan Cost	\$3,124.65	\$3,287.72	\$2,006.62	\$2,613.60		
SAUSD Pays	\$2,827.52	\$2,653.43	\$1,954.70	\$2,455.59		
Employee Pays	\$297.13	\$634.29	\$51.92	\$158.01		

Tenthly rates for certificated employees hired before July 1, 2023.

Tenthly rates for certificated employees hired after July 1, 2023.

	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	\$1,047.49	\$1,100.96	\$672.66	\$923.53		
SAUSD Pays	\$655.24	\$537.79	\$655.24	\$846.17		
Employee Pays	\$392.25	\$563.17	\$17.42	\$77.36		
Two-Party (Cost for Employee +1 Dependent coverage)						
Total Plan Cost	\$2,173.13	\$2,292.38	\$1,395.58	\$1,847.06		
SAUSD Pays	\$1,359.52	\$1,113.52	\$1,359.52	\$1,755.64		
Employee Pays	\$813.61	\$1,178.86	\$36.06	\$91.42		
Family (Cost for Employee +2 or more dependents coverage)						
Total Plan Cost	\$3,124.65	\$3,287.72	\$2,006.62	\$2,613.60		
SAUSD Pays	\$1,954.70	\$1,603.27	\$1,954.70	\$2,524.26		
Employee Pays	\$1,169.95	\$1,684.45	\$51.92	\$89.34		

Santa Ana Unified School District



Certificated Active 2025 – 2026 Rates

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

	Dental Rates					
	Delta Dental DHMO	Delta Dental Network DPPO	Delta Dental Incentive DPPO			
Single (Cost for Employee only of	coverage)					
Total Plan Cost	\$21.70	\$53.91	\$64.38			
SAUSD Pays	\$21.70	\$53.91	\$64.38			
Employee Pays	\$0.00	\$0.00	\$0.00			
Two-Party (Cost for Employee +1 Dependent coverage)						
Total Plan Cost	\$35.81	\$149.85	\$178.94			
SAUSD Pays	\$35.81	\$55.51	\$61.91			
Employee Pays	\$0.00	\$94.34	\$117.03			
Family (Cost for Employee +2 or more dependents coverage)						
Total Plan Cost	\$52.93	\$203.82	\$243.41			
SAUSD Pays	\$52.93	\$55.51	\$61.91			
Employee Pays	\$0.00	\$148.31	\$181.50			

Tenthly rates for certificated employees hired before July 1, 2023.