

Santa Ana Unified School District



Classified 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 Classified Employees hired before November 1, 2023.

| | Medical Rates | | | | Dental Rates | | |
|---|-------------------------|-----------------|--------------------------|-----------------------|---------------------|-----------------------------|---------------------------|
| | Blue Shield Access+ HMO | Blue Shield PPO | Blue Shield Trio ACO HMO | Kaiser Permanente HMO | Delta Care USA DHMO | Delta Dental Incentive DPPO | Delta Dental Network DPPO |
| Single (Cost for Employee only coverage) | | | | | | | |
| Total Plan Cost | \$1,054.12 | \$1,167.36 | \$676.94 | \$921.46 | \$21.70 | \$64.38 | \$51.49 |
| SAUSD Pays | \$991.37 | \$872.39 | \$659.38 | \$902.88 | \$21.70 | \$64.38 | \$51.49 |
| Employee Pays | \$62.75 | \$294.97 | \$17.56 | \$18.58 | \$0.00 | \$0.00 | \$0.00 |
| Two-Party (Cost for Employee +1 Dependent coverage) | | | | | | | |
| Total Plan Cost | \$2,165.28 | \$2,430.54 | \$1,404.46 | \$1,842.91 | \$35.81 | \$178.94 | \$143.15 |
| SAUSD Pays | \$2,036.41 | \$1,817.37 | \$1,368.13 | \$1,805.83 | \$35.81 | \$61.91 | \$55.51 |
| Employee Pays | \$128.87 | \$613.17 | \$36.33 | \$37.08 | \$0.00 | \$117.03 | \$87.64 |
| Family (Cost for Employee +2 or more dependents coverage) | | | | | | | |
| Total Plan Cost | \$3,113.42 | \$3,485.92 | \$2,006.63 | \$2,607.72 | \$52.93 | \$243.41 | \$194.69 |
| SAUSD Pays | \$2,927.92 | \$2,605.70 | \$1,954.57 | \$2,555.17 | \$52.93 | \$61.91 | \$55.51 |
| Employee Pays | \$185.50 | \$880.22 | \$52.06 | \$52.55 | \$0.00 | \$181.50 | \$139.18 |

Tenthly Rates for Classified Employees hired after November 1, 2023

| | Medical Rates | | | | Dental Rates | | |
|---|----------------------------|-----------------|-----------------------------|-----------------------------|------------------------|--------------------------------|------------------------------|
| | Blue Shield Access+ HMO | Blue Shield PPO | Blue Shield Trio ACO HMO | Kaiser Permanente HMO | Delta Care USA DHMO | Delta Dental Incentive DPPO | Delta Dental Network DPPO |
| Single (Cost for Employee only coverage) | | | | | | | |
| Total Plan Cost | \$1,054.12 | \$1,167.36 | \$676.94 | \$921.46 | \$21.70 | \$64.38 | \$51.49 |
| SAUSD Pays | \$659.38 | \$552.84 | \$659.38 | \$852.70 | \$21.70 | \$64.38 | \$51.49 |
| Employee Pays | \$394.74 | \$614.52 | \$17.56 | \$68.76 | \$0.00 | \$0.00 | \$0.00 |
| Two-Party (Cost for Employee +1 Dependent coverage) | | | | | | | |
| Total Plan Cost | \$2,165.28 | \$2,430.54 | \$1,404.46 | \$1,842.91 | \$35.81 | \$178.94 | \$143.15 |
| SAUSD Pays | \$1,368.13 | \$1,144.94 | \$1,368.13 | \$1,769.19 | \$35.81 | \$61.91 | \$55.51 |
| Employee Pays | \$797.15 | \$1,285.60 | \$36.33 | \$73.72 | \$0.00 | \$117.03 | \$87.64 |
| Family (Cost for Employee +2 or more dependents coverage) | | | | | | | |
| Total Plan Cost | \$3,113.42 | \$3,485.92 | \$2,006.63 | \$2,607.72 | \$52.93 | \$243.41 | \$194.69 |
| SAUSD Pays | \$1,954.57 | \$1,635.89 | \$1,954.57 | \$2,531.19 | \$52.93 | \$61.91 | \$55.51 |
| Employee Pays | \$1,158.85 | \$1,850.03 | \$52.06 | \$76.53 | \$0.00 | \$181.50 | \$139.18 |