

Santa Ana Unified School District



Classified COBRA 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 total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage. Your contributions are to be paid on a month-to-month basis.

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

Monthly Rates for Classified COBRA Subscribers

| | 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 | \$1,039.53 | \$1,222.68 | \$725.22 | \$767.88 | \$18.08 | \$53.65 | \$42.91 |
| Two-Party (Cost for Employee +1 Dependent coverage) | | | | | | | |
| Total Plan Cost | \$2,138.62 | \$2,545.66 | \$1,504.60 | \$1,535.76 | \$29.84 | \$149.12 | \$119.29 |
| Family (Cost for Employee +2 or more dependents coverage) | | | | | | | |
| Total Plan Cost | \$3,075.03 | \$3,651.02 | \$2,152.71 | \$2,173.10 | \$44.11 | \$202.84 | \$162.24 |