

# Santa Ana Unified School District



## Management 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 total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes

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

### Tenthly rates for Management Employees hired before July 1, 2023.

Medical Rates				Dental Rates		
Blue Shield Access+ HMO	Blue Shield PPO	Blue Shield Trio ACO HMO	Kaiser Permanent HMO	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO

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

Total Plan Cost	\$1,047.49	\$1,100.96	\$672.66	\$923.53	\$21.70	\$64.38	\$53.91
SAUSD Pays	\$947.81	\$888.41	\$655.24	\$867.66	\$21.70	\$64.38	\$53.91
Employee Pays	\$99.68	\$212.55	\$17.42	\$55.87	\$0.00	\$0.00	\$0.00

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

Total Plan Cost	\$2,173.13	\$2,292.38	\$1,395.58	\$1,847.06	\$35.81	\$178.94	\$149.85
SAUSD Pays	\$1,966.70	\$1,850.54	\$1,359.52	\$1,735.57	\$35.81	\$61.91	\$55.51
Employee Pays	\$206.43	\$441.84	\$36.06	\$111.49	\$0.00	\$117.03	\$94.34

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

Total Plan Cost	\$3,124.65	\$3,287.72	\$2,006.62	\$2,613.60	\$52.93	\$243.41	\$203.82
SAUSD Pays	\$2,827.52	\$2,653.43	\$1,954.70	\$2,455.59	\$52.93	\$61.91	\$55.51
Employee Pays	\$297.13	\$634.29	\$51.92	\$158.01	\$0.00	\$181.50	\$148.31

### Tenthly rates for Management Employees hires after 7/1/23.

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	\$1,047.49	\$1,100.96	\$672.66	\$923.53	\$21.70	\$64.38	\$53.91
SAUSD Pays	\$655.24	\$537.79	\$655.24	\$846.17	\$21.70	\$64.38	\$53.91
Employee Pays	\$392.25	\$563.17	\$17.42	\$77.36	\$0.00	\$0.00	\$0.00

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

Total Plan Cost	\$2,173.13	\$2,292.38	\$1,395.58	\$1,847.06	\$35.81	\$178.94	\$149.85
SAUSD Pays	\$1,359.52	\$1,113.52	\$1,359.52	\$1,755.64	\$35.81	\$61.91	\$55.51
Employee Pays	\$813.61	\$1,178.86	\$36.06	\$91.42	\$0.00	\$117.03	\$94.34

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

Total Plan Cost	\$3,124.65	\$3,287.72	\$2,006.62	\$2,613.60	\$52.93	\$243.41	\$203.82
SAUSD Pays	\$1,954.70	\$1,603.27	\$1,954.70	\$2,524.26	\$52.93	\$61.91	\$55.51
Employee Pays	\$1,169.95	\$1,684.45	\$51.92	\$89.34	\$0.00	\$181.50	\$148.31



## 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 hired before July 1, 2023.

### Dental Rates

Delta Dental DHMO	Delta Dental Network DPPO	Delta Dental Incentive DPPO
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#### Single (Cost for Employee only 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