Santa Ana Unified School District

Certificated Post Eligible 2026 – 2027 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, 2026.

Rates are effective July 1, 2026, through June 30, 2027

Monthly Rates for Certificated Post Eligible Employees

	Blue Shield 65 Plus	Blue Shield Access + HMO		Blue Shield Trio ACO HMO		Blue Shield PPO		Kaiser HMO	Kaiser Senior Advantage
	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare	Without Medicare	With Medicare
Single (Cost for Retiree only coverage)									
Employee Pays	$505.67	$985.04	$866.71	$795.01	$705.18	$1,342.49	$1,188.10	$893.33	$177.20
Two Party (Cost for employee + 1 Dependent Coverage)									
Employee Pays	$1,007.71	$2,039.46	$1,794.00	$1,645.29	$1,458.98	$2,791.16	$2,469.61	$1,783.03	$354.40
Two-Party One with Medicare and One without Medicare (Cost for Employee +1 Dependent Coverage)									
	1 on Trio								
Employee Pays	$1,300.68	Does Not Apply	$1,921.18	Does Not Apply	$1,555.47	Does Not Apply	$2,636.74	Does Not Apply	$1,070.31
	1 on Access+								
Employee Pays	$1,490.71								
Family (Cost for employee + 2 or more dependents Coverage)									
Employee Pays	Does Not Apply	$2,935.83	$2,582.90	$2,369.07	$2,101.16	$4,006.55	$3,545.40	$2, 526.59	$1,816.48
Family Two with Medicare and Others without Medicare (Cost for Employee + 2 or more dependents Coverage)									
Employee Pays	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	$1,106.94

In order to qualify for the Two-Party One with One Without Medicare rate you must be enrolled in a Two-Party plan and one person must be enrolled in Medicare Parts A and B.

In order to qualify for the Family with Medicare rate you must be enroll in a Family plan and two or more persons must be enrolled in Medicare Parts A and B.

Blue Shield rates include medical coverage, Express Scripts pharmacy coverage, and VSP vision coverage, except Blue Shield 65 Plus members. 65 Plus member receive pharmacy coverage through Blue Shield.
Kaiser rates include medical coverage, Kaiser pharmacy coverage, and VSP vision coverage, except Kaiser Senior Advantage members. Senior Advantage members receive vision coverage through Kaiser.

	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
Single (Cost for Employee only coverage)			
Employee Pays	$18.98	$53.65	$44.93
Two Party (Cost for employee + 1 Dependent Coverage)			
Employee Pays	$31.33	$149.12	$124.88
Family (Cost for employee + 2 or more dependents Coverage)			
Employee Pays	$46.32	$202.84	$169.85