

AZUSA UNIFIED SCHOOL DISTRICT  
**7 AND LESS THAN 8 HOUR CLASSIFIED EMPLOYEES**  
 Health, Dental, Vision & Life Benefits  
 2023-2024

<b>INSURANCE PLAN</b>	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TENTHLY DISTRICT CONTRIBUTION	TENTHLY EMPLOYEE DEDUCTION*
<b><u>DENTAL</u></b>				
<b><u>DELTA DENTAL PLAN (\$2,500 annual max; \$2,500 ortho life max for adult &amp; child)</u></b>				
Employee	\$ 1,052.90	\$ 504.63	\$ 50.46	\$ 54.83
Two Party	\$ 1,946.50	\$ 654.59	\$ 65.46	\$ 129.19
Family	\$ 2,648.30	\$ 742.48	\$ 74.25	\$ 190.58
<b><u>MetLife 100 Comp (formerly Safeguard)</u></b>				
Employee & all dependents	\$ 448.40	\$ 392.35	\$ 39.24	\$ 5.60
<b><u>VISION</u></b>				
<b><u>VISION SERVICE PLAN - Choice Plan w/ CVC glasses (\$15 copay; exam, frame &amp; lenses every 12 mos.)</u></b>				
Employee	\$ 187.90	\$ 116.94	\$ 11.69	\$ 7.10
Two Party	\$ 255.90	\$ 159.59	\$ 15.96	\$ 9.63
Family	\$ 429.40	\$ 299.73	\$ 29.97	\$ 12.97
<b><u>MetLife Vision (formerly Safeguard)</u></b>				
Employee	\$ 68.80	\$ 60.20	\$ 6.02	\$ 0.86
Two Party	\$ 110.60	\$ 96.78	\$ 9.68	\$ 1.38
Family	\$ 175.80	\$ 153.83	\$ 15.38	\$ 2.20
<b><u>Life/A D &amp; D - UNUM (\$25,000 Benefit Through Age 70, Decreasing Thereafter)</u></b>				
Employee	\$ 46.75	\$ 22.05	\$ 2.21	\$ 2.47
<b><u>HEALTH</u></b>				
<b><u>BLUE SHIELD HMO #1 (\$10/30 Office copay; \$7/25 Rx copay; \$100 ER copay; \$0 Hospital copay; Chiropractic benefit)</u></b>				
Employee	\$ 9,720.00	\$ 6,326.93	\$ 632.69	\$ 339.31
Two Party	\$ 19,380.00	\$ 9,647.14	\$ 964.71	\$ 973.29
Family	\$ 27,264.00	\$ 13,776.84	\$ 1,377.68	\$ 1,348.72
<b><u>BLUE SHIELD HMO#2 (\$20/30 Office copay; \$9/35 Rx copay; \$100 ER copay; \$250 Hospital copay; Chiropractic benefit)</u></b>				
Employee	\$ 9,264.00	\$ 6,326.93	\$ 632.69	\$ 293.71
Two Party	\$ 18,516.00	\$ 9,647.14	\$ 964.71	\$ 886.89
Family	\$ 26,088.00	\$ 13,776.84	\$ 1,377.68	\$ 1,231.12
<b><u>BLUE SHIELD HMO #3 (\$30/45 Office copay; \$10/35 Rx copay with \$200 brand deductible; \$150 ER copay; 20% Hospital copay; Chiropractic benefit)</u></b>				
Employee	\$ 8,508.00	\$ 6,326.93	\$ 632.69	\$ 218.11
Two Party	\$ 17,052.00	\$ 9,647.14	\$ 964.71	\$ 740.49
Family	\$ 24,048.00	\$ 13,776.84	\$ 1,377.68	\$ 1,027.12
<b><u>BLUE SHIELD PPO (\$20 PPO Office copay; \$5/20 Rx copay; \$500/single \$1,000/family Deductible; 80% PPO/50% Out-of-Network after deductible)</u></b>				
Employee	\$ 11,124.00	\$ 6,326.93	\$ 632.69	\$ 479.71
Two Party	\$ 22,236.00	\$ 9,647.14	\$ 964.71	\$ 1,258.89
Family	\$ 31,308.00	\$ 13,776.84	\$ 1,377.68	\$ 1,753.12
<b><u>KAISER HMO #1 (\$20 Office copay; \$10/20 Rx copay; \$100 ER copay; Chiropractic benefit)</u></b>				
Employee	\$ 8,784.00	\$ 6,326.93	\$ 632.69	\$ 245.71
Two Party	\$ 17,304.00	\$ 9,647.14	\$ 964.71	\$ 765.69
Family	\$ 24,324.00	\$ 13,776.84	\$ 1,377.68	\$ 1,054.72
<b><u>KAISER DEDUCTIBLE HMO #2 (\$1,000/single \$2,000/family Deductible; \$20 Office copay; \$10/30 Rx copay; 20% ER &amp; hospital admission fee after \$1,000 deductible); Chiropractic benefit</u></b>				
Employee	\$ 7,824.00	\$ 6,326.93	\$ 632.69	\$ 149.71
Two Party	\$ 15,408.00	\$ 9,647.14	\$ 964.71	\$ 576.09
Family	\$ 21,672.00	\$ 13,776.84	\$ 1,377.68	\$ 789.52
<b><u>TSA in Lieu of Health Insurance</u></b>	\$ 6,190.20	\$ 5,416.42	\$ 541.64	

Only current TSA recipients may continue subject to proof of group insurance coverage.

See reverse side for coverage effective dates, contribution eligibility & plans available for part-time employees

## **Coverage Effective Dates and Contribution Eligibility Criteria**

Coverage becomes effective the first of the month following completion of a qualifying month of employment. A qualifying month of employment is defined as being in a paid status for 50% or more of the working days in that month.

\*Deductions for annual premiums are made in 10 months - September through June earnings. Coverage is effective from October 1 through September 30.

**Note: Mid-year enrollment, termination, and dependent coverage changes will result in payroll adjustments to account for pro-rated monthly premiums that differ from the listed employee's deductions.**

## **Insurance Plans Available for Part-Time Regular Classified Employees Not Eligible For District Insurance Contributions**

Regular Classified employees whose assigned workday is less than four hours per day may participate in the District's dental and vision insurance plans, **at the employee's expense. SISC plan guidelines limit health plan enrollment of part-time employees (working less than 20 hours per week) to those who are currently enrolled - no new enrollment will be allowed effective 10/1/12. Employees working a 90+% assignment are required to take at least single coverage health insurance with the District or provide proof of coverage through another group plan.**

Unit members hired on after July 01, 2018 or have waived insurance coverage in the 2017-2018 school year, whose regular work assignment consists of 6 or more hours shall be eligible for the District prorated medical, dental, and vision insurance contribution, based on hours worked in relation to the contribution amount paid to an 8 hour assignment. Unit members hired on or after July 01, 2018 or have waived insurance coverage in the 2017-2018 school year, whose regular work assignment consists of less than 6 hours shall not be eligible for the above prorated District health benefits contribution. This provision shall not apply to classified unit members hired prior to July 01, 2018 who are currently enrolled in District health coverage whose regular assignment is less than 6 hours but at least 4 hours.

Enrollment is required during the first 30 days of employment, or during the annual open enrollment period from June 28th through August 19th.

**\*\* Medical rates vary based upon individual district retiree contributions**

**Effective 10-1-2023**