

AZUSA UNIFIED SCHOOL DISTRICT
RETIREE CLASSIFIED EMPLOYEES
 Health, Dental, Vision & Life Benefits
 2023-2024

<u>INSURANCE PLAN</u>	ANNUAL	ANNUAL	TWELFTHLY	TWELFTHLY
	PREMIUM	DISTRICT	DISTRICT	EMPLOYEE
		CONTRIBUTION	CONTRIBUTION	DEDUCTION*
<u>DENTAL</u>				
<u>DELTA DENTAL PLAN (\$2,500 annual max; \$2,500 ortho life max for adult & child)</u>				
Employee	\$ 1,009.90	\$ -	\$ -	\$ 84.16
Two Party	\$ 1,867.10	\$ -	\$ -	\$ 155.59
Family	\$ 2,540.20	\$ -	\$ -	\$ 211.68
<u>MetLife 100 Comp (formerly Safeguard)</u>				
Employee & all depende	\$ 448.50	\$ -	\$ -	\$ 37.38
<u>VISION</u>				
<u>VISION SERVICE PLAN - Choice Plan w/ CVC glasses (\$15 copay; exam, frame & lenses every 12 mos.)</u>				
Employee	\$ 197.00	\$ -	\$ -	\$ 16.42
Two Party	\$ 268.20	\$ -	\$ -	\$ 22.35
Family	\$ 450.10	\$ -	\$ -	\$ 37.51
<u>MetLife Vision (formerly Safeguard)</u>				
Employee	\$ 68.80	\$ -	\$ -	\$ 5.73
Two Party	\$ 110.50	\$ -	\$ -	\$ 9.21
Family	\$ 175.80	\$ -	\$ -	\$ 14.65
<u>HEALTH</u>				
<u>BLUE SHIELD HMO #1 (\$10/30 Office copay; \$7/25 Rx copay; \$100 ER copay; \$0 Hospital copay; Chiropractic benefit)</u>				
Employee	\$ 8,184.00	\$ 4,020.00	\$ 402.00	\$ 280.00
Two Party	\$ 16,152.00	\$ 4,020.00	\$ 402.00	\$ 944.00
Family	\$ 22,632.00	\$ 4,020.00	\$ 402.00	\$ 1,484.00
<u>BLUE SHIELD HMO#2 (\$20/30 Office copay; \$9/35 Rx copay; \$100 ER copay; \$250 Hospital copay; Chiropractic benefit)</u>				
Employee	\$ 7,788.00	\$ 4,020.00	\$ 402.00	\$ 247.00
Two Party	\$ 15,396.00	\$ 4,020.00	\$ 402.00	\$ 881.00
Family	\$ 21,600.00	\$ 4,020.00	\$ 402.00	\$ 1,398.00
<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>				
Employee	\$ 7,164.00	\$ 4,020.00	\$ 402.00	\$ 195.00
Two Party	\$ 14,196.00	\$ 4,020.00	\$ 402.00	\$ 781.00
Family	\$ 19,944.00	\$ 4,020.00	\$ 402.00	\$ 1,260.00
<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>				
Employee	\$ 9,552.00	\$ 4,020.00	\$ 402.00	\$ 394.00
Two Party	\$ 18,912.00	\$ 4,020.00	\$ 402.00	\$ 1,174.00
Family	\$ 26,556.00	\$ 4,020.00	\$ 402.00	\$ 1,811.00
<u>KAISER HMO #1 (\$20 Office copay; \$10/20 Rx copay; \$100 ER copay; Chiropractic benefit)</u>				
Employee	\$ 7,512.00	\$ 4,020.00	\$ 402.00	\$ 224.00
Two Party	\$ 14,676.00	\$ 4,020.00	\$ 402.00	\$ 821.00
Family	\$ 20,580.00	\$ 4,020.00	\$ 402.00	\$ 1,313.00
<u>KAISER DEDUCTIBLE HMO #2 (\$1,000/single \$2,000/family Deductible; \$20 Office copay; \$10/30 Rx copay; 20% ER & hospital admission fee after \$1,000 deductible); Chiropractic benefit</u>				
Employee	\$ 6,708.00	\$ 4,020.00	\$ 402.00	\$ 157.00
Two Party	\$ 13,092.00	\$ 4,020.00	\$ 402.00	\$ 689.00
Family	\$ 18,348.00	\$ 4,020.00	\$ 402.00	\$ 1,127.00

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