

AZUSA UNIFIED SCHOOL DISTRICT
7 AND LESS THAN 8 HOUR CLASSIFIED EMPLOYEES
 Dental, Medical, Vision & Life
 2024-2025

ANNUAL ANNUAL TENTHLY TENTHLY
 PREMIUM DISTRICT DISTRICT EMPLOYEE
 CONTRIBUTION CONTRIBUTION DEDUCTION*

DENTAL

DELTA DENTAL PLAN
 (\$2,500 annual max; \$2,500 ortho life max for adult & child)

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

MetLife 100 Comp
 (formerly Safeguard)

Employee & all dependents	\$ 448.40	\$ 392.35	\$ 39.24	\$ 5.60
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VISION

VISION SERVICE PLAN
 Choice Plan w/ CVC glasses (\$15 copay; exam, frame & lenses every 12 mos.)

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

MetLife Vision
 (formerly Safeguard)

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

Life/A D & D - UNUM
 (\$25,000 Benefit Through Age 70, Decreasing Thereafter)

Employee	\$ 46.75	\$ 22.05	\$ 2.21	\$ 2.47
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HEALTH

BLUE SHIELD HMO #1 Chiropractic Benefit
 (\$10/30 Office copay; \$7/25 Rx copay; \$100 ER copay; \$0 Hospital copay)

Employee	\$ 10,392.00	\$ 8,076.93	\$ 807.69	\$ 231.51
Two Party	\$ 20,772.00	\$ 11,397.14	\$ 1,139.71	\$ 937.49
Family	\$ 29,244.00	\$ 15,526.84	\$ 1,552.68	\$ 1,371.72

BLUE SHIELD HMO#2 Chiropractic Benefit
 (\$20/30 Office copay; \$9/35 Rx copay; \$100 ER copay; \$250 Hospital copay)

Employee	\$ 9,912.00	\$ 8,076.93	\$ 807.69	\$ 183.51
Two Party	\$ 19,848.00	\$ 11,397.14	\$ 1,139.71	\$ 845.09
Family	\$ 27,972.00	\$ 15,526.84	\$ 1,552.68	\$ 1,244.52

BLUE SHIELD HMO #3 Chiropractic Benefit
 (\$30/45 Office copay; \$10/35 Rx copay with \$200 brand deductible; \$150 ER copay; 20% Hospital copay)

Employee	\$ 9,168.00	\$ 8,022.00	\$ 802.20	\$ 114.60
Two Party	\$ 18,384.00	\$ 11,397.14	\$ 1,139.71	\$ 698.69
Family	\$ 25,932.00	\$ 15,526.84	\$ 1,552.68	\$ 1,040.52

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)

Employee	\$ 11,976.00	\$ 8,076.93	\$ 807.69	\$ 389.91
Two Party	\$ 23,976.00	\$ 11,397.14	\$ 1,139.71	\$ 1,257.89
Family	\$ 33,792.00	\$ 15,526.84	\$ 1,552.68	\$ 1,826.52

KAISER HMO #1
 (\$20 Office copay; \$10/20 Rx copay; \$100 ER copay; Chiropractic Benefit)

Employee	\$ 9,480.00	\$ 8,076.93	\$ 807.69	\$ 140.31
Two Party	\$ 18,684.00	\$ 11,397.14	\$ 1,139.71	\$ 728.69
Family	\$ 26,268.00	\$ 15,526.84	\$ 1,552.68	\$ 1,074.12

KAISER DEDUCTIBLE HMO #2 Chiropractic Benefit
 (\$1,000/single \$2,000/family Deductible; \$20 Office copay; \$10/30 Rx copay; 20% ER & hospital fee after \$1,000 deductible)

Employee	\$ 8,448.00	\$ 7,392.00	\$ 739.20	\$ 105.60
Two Party	\$ 16,632.00	\$ 11,397.14	\$ 1,139.71	\$ 523.49
Family	\$ 23,388.00	\$ 15,526.84	\$ 1,552.68	\$ 786.12

TSA in Lieu of Health Insurance

Employee	\$ 6,190.20	\$ 5,416.42	\$ 541.64	
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Only current TSA recipients may continue subject to proof of group insurance coverage.