

**AZUSA UNIFIED SCHOOL DISTRICT
 RETIREE CLASSIFIED EMPLOYEES
 Dental, Life, Medical & Vision
 2024-2025**

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TWELTHLY DISTRICT CONTRIBUTION	TWELTHLY EMPLOYEE DEDUCTION	ANNUAL EMPLOYEE DEDUCTION
DENTAL					
DELTA DENTAL PLAN (\$2,500 annual max; \$2,500 ortho life max for adult & child)					
Employee	\$ 1,115.52	\$ -	\$ -	\$ 92.96	\$ 1,115.52
Two Party	\$ 2,062.32	\$ -	\$ -	\$ 171.86	\$ 2,062.32
Family	\$ 2,805.84	\$ -	\$ -	\$ 233.82	\$ 2,805.84

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TWELTHLY DISTRICT CONTRIBUTION	TWELTHLY EMPLOYEE DEDUCTION	ANNUAL EMPLOYEE DEDUCTION
MetLife 100 Comp (formerly Safeguard)					
Employee & all dependents	\$ 448.40	\$ -	\$ -	\$ 37.37	\$ 448.40

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TWELTHLY DISTRICT CONTRIBUTION	TWELTHLY EMPLOYEE DEDUCTION	ANNUAL EMPLOYEE DEDUCTION
VISION					
VISION SERVICE PLAN Choice Plan w/ CVC glasses (\$15 copay; exam, frame & lenses every 12 mos.)					
Employee	\$ 187.90	\$ -	\$ -	\$ 15.66	\$ 187.90
Two Party	\$ 255.90	\$ -	\$ -	\$ 21.33	\$ 255.90
Family	\$ 429.40	\$ -	\$ -	\$ 35.78	\$ 429.40

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TWELTHLY DISTRICT CONTRIBUTION	TWELTHLY EMPLOYEE DEDUCTION	ANNUAL EMPLOYEE DEDUCTION
MetLife Vision (formerly Safeguard)					
Employee	\$ 68.80	\$ -	\$ -	\$ 5.73	\$ 68.80
Two Party	\$ 110.60	\$ -	\$ -	\$ 9.22	\$ 110.60
Family	\$ 175.80	\$ -	\$ -	\$ 14.65	\$ 175.80

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TWELTHLY DISTRICT CONTRIBUTION	TWELTHLY EMPLOYEE DEDUCTION	ANNUAL EMPLOYEE DEDUCTION
HEALTH					
BLUE SHIELD HMO #1 (\$10/30 Office copay; \$7/25 Rx copay; \$100 ER copay; \$0 Hospital copay; Chiropractic benefit)					
Employee	\$ 10,392.00	\$ 4,020.00	\$ 335.00	\$ 531.00	\$ 6,372.00
Two Party	\$ 20,772.00	\$ 4,020.00	\$ 335.00	\$ 1,396.00	\$ 1,396.00
Family	\$ 29,244.00	\$ 4,020.00	\$ 335.00	\$ 2,102.00	\$ 2,102.00
BLUE SHIELD HMO#2 (\$20/30 Office copay; \$9/35 Rx copay; \$100 ER copay; \$250 Hospital copay; Chiropractic benefit)					
Employee	\$ 9,912.00	\$ 4,020.00	\$ 335.00	\$ 491.00	\$ 5,892.00
Two Party	\$ 19,848.00	\$ 4,020.00	\$ 335.00	\$ 1,319.00	\$ 15,828.00
Family	\$ 27,972.00	\$ 4,020.00	\$ 335.00	\$ 1,996.00	\$ 23,952.00
BLUE SHIELD HMO #3 (\$30/45 Office copay; \$10/35 Rx copay with \$200 brand deductible; \$150 ER copay; 20% Hospital copay; Chiropractic benefit)					
Employee	\$ 9,168.00	\$ 4,020.00	\$ 335.00	\$ 429.00	\$ 5,148.00
Two Party	\$ 18,384.00	\$ 4,020.00	\$ 335.00	\$ 1,197.00	\$ 14,364.00
Family	\$ 25,932.00	\$ 4,020.00	\$ 335.00	\$ 1,826.00	\$ 21,912.00
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	\$ 4,020.00	\$ 335.00	\$ 663.00	\$ 7,956.00
Two Party	\$ 23,976.00	\$ 4,020.00	\$ 335.00	\$ 1,663.00	\$ 19,956.00
Family	\$ 33,792.00	\$ 4,020.00	\$ 335.00	\$ 2,481.00	\$ 29,772.00
KAISER HMO #1 (\$20 Office copay; \$10/20 Rx copay; \$100 ER copay; Chiropractic benefit)					
Employee	\$ 9,480.00	\$ 4,020.00	\$ 335.00	\$ 455.00	\$ 5,460.00
Two Party	\$ 18,684.00	\$ 4,020.00	\$ 335.00	\$ 1,222.00	\$ 14,664.00
Family	\$ 26,268.00	\$ 4,020.00	\$ 335.00	\$ 1,854.00	\$ 22,248.00
KAISER DEDUCTIBLE HMO #2 Chiropractic Benefit (\$1,000/single \$2,000/family Deductible; \$20 Office copay; \$10/30 Rx copay; 20% ER & hospital admission fee after \$1,000 deductible)					
Employee	\$ 8,448.00	\$ 4,020.00	\$ 335.00	\$ 369.00	\$ 4,428.00
Two Party	\$ 16,632.00	\$ 4,020.00	\$ 335.00	\$ 1,051.00	\$ 12,612.00
Family	\$ 23,388.00	\$ 4,020.00	\$ 335.00	\$ 1,614.00	\$ 19,368.00