

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

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TENTHLY DISTRICT CONTRIBUTION	TENTHLY EMPLOYEE DEDUCTION
DENTAL				
DELTA DENTAL PLAN (\$2,500 Annual Max; \$2,500 Ortho Life Max for Adult & Child)				
Employee	\$ 1,115.50	\$ 639.32	\$ 63.93	\$ 47.62
Two Party	\$ 2,062.30	\$ 863.90	\$ 86.39	\$ 119.84
Family	\$ 2,805.90	\$ 1,006.15	\$ 100.62	\$ 179.97

MetLife 100 Comp (formerly Safeguard)				
Employee & all dependents	\$ 448.40	\$ 448.40	\$ 44.84	\$ -

VISION

VISION SERVICE PLAN Choice Plan w/ CVC glasses (\$15 copay; exam, frame & lenses every 12 mos.)				
Employee	\$ 187.90	\$ 133.64	\$ 13.36	\$ 5.43
Two Party	\$ 255.90	\$ 182.39	\$ 18.24	\$ 7.35
Family	\$ 429.40	\$ 342.55	\$ 34.26	\$ 8.68

MetLife Vision (formerly Safeguard)				
Employee	\$ 68.80	\$ 68.80	\$ 6.88	\$ -
Two Party	\$ 110.60	\$ 110.60	\$ 11.06	\$ -
Family	\$ 175.80	\$ 175.80	\$ 17.58	\$ -

Life/A D & D - UNUM (\$25,000 Benefit through Age 70, Decreasing Thereafter)				
Employee	\$ 46.75	\$ 25.20	\$ 2.52	\$ 2.16
Age 70 =65%(25,000 = 16,250)	\$ 30.39	\$ 16.38	\$ 1.64	\$ 1.40
Age 75 =50%(25,000 = 12,500)	\$ 23.38	\$ 12.60	\$ 1.26	\$ 1.08

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	\$ 9,902.78	\$ 990.28	\$ 48.92
Two Party	\$ 20,772.00	\$ 14,417.30	\$ 1,441.73	\$ 635.47
Family	\$ 29,244.00	\$ 19,724.96	\$ 1,972.50	\$ 951.90

BLUE SHIELD HMO#2 (\$20/30 Office Copay; \$9/35 Rx Copay; \$100 ER Copay; \$250 Hospital Copay; Chiropractic Benefit)				
Employee	\$ 9,912.00	\$ 9,878.78	\$ 987.88	\$ 3.32
Two Party	\$ 19,848.00	\$ 14,357.30	\$ 1,435.73	\$ 549.07
Family	\$ 27,972.00	\$ 19,628.96	\$ 1,962.90	\$ 834.30

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	\$ 9,168.00	\$ 916.80	\$ -
Two Party	\$ 18,384.00	\$ 14,357.30	\$ 1,435.73	\$ 402.67
Family	\$ 25,932.00	\$ 19,628.96	\$ 1,962.90	\$ 630.30

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	\$ 10,082.78	\$ 1,008.28	\$ 189.32
Two Party	\$ 23,976.00	\$ 14,765.30	\$ 1,476.53	\$ 921.07
Family	\$ 33,792.00	\$ 20,228.96	\$ 2,022.90	\$ 1,356.30

KAISER HMO #1 (\$20 Office Copay; \$10/20 Rx Copay; \$100 ER Copay; Chiropractic Benefit)				
Employee	\$ 9,480.00	\$ 9,479.98	\$ 948.00	\$ -
Two Party	\$ 18,684.00	\$ 14,405.30	\$ 1,440.53	\$ 427.87
Family	\$ 26,268.00	\$ 19,688.96	\$ 1,968.90	\$ 657.90

KAISER DEDUCTIBLE HMO #2 Chiropractic Benefit (\$1,000/Single \$2,000/Family Deduct.; \$20 Office Copay; \$10/30 Rx Copay; 20% ER & Hospital Admin. Fee after \$1,000 Deduct.)				
Employee	\$ 8,448.00	\$ 8,448.00	\$ 844.80	\$ -
Two Party	\$ 16,632.00	\$ 14,249.30	\$ 1,424.93	\$ 238.27
Family	\$ 23,388.00	\$ 19,460.96	\$ 1,946.10	\$ 392.70

TSA in Lieu of Health Insurance				
Employee	\$ 6,439.40	\$ 6,439.40	\$ 643.94	\$ -

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