

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

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TENTHLY DISTRICT CONTRIBUTION	TENTHLY EMPLOYEE DEDUCTION
<b>DELTA DENTAL PLAN</b> (\$2,500 Annual Max; \$2,500 Ortho Life Max for Adult & Child)				
Employee	\$ 1,115.50	\$ 559.41	\$ 55.94	\$ 55.61
Two Party	\$ 2,062.30	\$ 755.91	\$ 75.59	\$ 130.64
Family	\$ 2,805.90	\$ 880.38	\$ 88.04	\$ 192.55
<b>MetLife 100 Comp</b> (formerly Safeguard)				
Employee & all dependents	\$ 448.40	\$ 392.35	\$ 39.24	\$ 5.60

<b>VISION</b>				
<b>VISION SERVICE PLAN</b> 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
<b>MetLife Vision</b> (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
<b>Life/A D &amp; D - UNUM</b> (\$25,000 Benefit through Age 70, Decreasing Thereafter)				
Employee	\$ 46.75	\$ 22.05	\$ 2.21	\$ 2.47

<b>HEALTH</b>				
<b>BLUE SHIELD HMO #1</b> (\$10/30 Office Copay; \$7/25 Rx Copay; \$100 ER Copay; \$0 Hospital Copay; Chiropractic Benefit)				
Employee	\$ 10,392.00	\$ 8,664.93	\$ 866.49	\$ 172.71
Two Party	\$ 20,772.00	\$ 12,615.14	\$ 1,261.51	\$ 815.69
Family	\$ 29,244.00	\$ 17,259.34	\$ 1,725.93	\$ 1,198.47
<b>BLUE SHIELD HMO#2</b> (\$20/30 Office Copay; \$9/35 Rx Copay; \$100 ER Copay; \$250 Hospital Copay; Chiropractic Benefit)				
Employee	\$ 9,912.00	\$ 8,643.93	\$ 864.39	\$ 126.81
Two Party	\$ 19,848.00	\$ 12,562.64	\$ 1,256.26	\$ 728.54
Family	\$ 27,972.00	\$ 17,175.34	\$ 1,717.53	\$ 1,079.67
<b>BLUE SHIELD HMO #3 Chiropractic Benefit</b> (\$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	\$ 12,562.64	\$ 1,256.26	\$ 582.14
Family	\$ 25,932.00	\$ 17,175.34	\$ 1,717.53	\$ 875.67
<b>BLUE SHIELD PPO</b> (\$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	\$ 8,822.43	\$ 882.24	\$ 315.36
Two Party	\$ 23,976.00	\$ 12,919.64	\$ 1,291.96	\$ 1,105.64
Family	\$ 33,792.00	\$ 17,700.34	\$ 1,770.03	\$ 1,609.17
<b>KAISER HMO #1</b> (\$20 Office Copay; \$10/20 Rx Copay; \$100 ER Copay; Chiropractic Benefit)				
Employee	\$ 9,480.00	\$ 8,294.98	\$ 829.50	\$ 118.50
Two Party	\$ 18,684.00	\$ 12,604.64	\$ 1,260.46	\$ 607.94
Family	\$ 26,268.00	\$ 17,227.84	\$ 1,722.78	\$ 904.02
<b>KAISER DEDUCTIBLE HMO #2 Chiropractic Benefit</b> (\$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	\$ 7,392.00	\$ 739.20	\$ 105.60
Two Party	\$ 16,632.00	\$ 12,468.14	\$ 1,246.81	\$ 416.39
Family	\$ 23,388.00	\$ 17,028.34	\$ 1,702.83	\$ 635.97
<b>TSA in Lieu of Health Insurance</b>				
Employee	\$ 6,439.40	\$ 5,634.47	\$ 563.45	

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