

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

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

**DELTA DENTAL PLAN  
(\$2,500 Annual Max; \$2,500 Ortho Life Max for Adult & Child)**

Employee	\$ 1,115.50	\$ 479.49	\$ 47.95	\$ 63.60
Two Party	\$ 2,062.30	\$ 647.93	\$ 64.79	\$ 141.44
Family	\$ 2,805.90	\$ 754.61	\$ 75.46	\$ 205.13

**MetLife 100 Comp  
(formerly Safeguard)**

Employee & all dependents	\$ 448.40	\$ 336.30	\$ 33.63	\$ 11.21
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**VISION**

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

Employee	\$ 187.90	\$ 100.23	\$ 10.02	\$ 8.77
Two Party	\$ 255.90	\$ 136.79	\$ 13.68	\$ 11.91
Family	\$ 429.40	\$ 256.91	\$ 25.69	\$ 17.25

**MetLife Vision  
(formerly Safeguard)**

Employee	\$ 68.80	\$ 51.60	\$ 5.16	\$ 1.72
Two Party	\$ 110.60	\$ 82.95	\$ 8.30	\$ 2.76
Family	\$ 175.80	\$ 131.85	\$ 13.19	\$ 4.39

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

Employee	\$ 46.75	\$ 18.90	\$ 1.89	\$ 2.79
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**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	\$ 7,427.09	\$ 742.71	\$ 296.49
Two Party	\$ 20,772.00	\$ 10,812.98	\$ 1,081.30	\$ 995.90
Family	\$ 29,244.00	\$ 14,793.72	\$ 1,479.37	\$ 1,445.03

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

Employee	\$ 9,912.00	\$ 7,409.09	\$ 740.91	\$ 250.29
Two Party	\$ 19,848.00	\$ 10,767.98	\$ 1,076.80	\$ 908.00
Family	\$ 27,972.00	\$ 14,721.72	\$ 1,472.17	\$ 1,325.03

**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	\$ 6,876.00	\$ 687.60	\$ 229.20
Two Party	\$ 18,384.00	\$ 10,767.98	\$ 1,076.80	\$ 761.60
Family	\$ 25,932.00	\$ 14,721.72	\$ 1,472.17	\$ 1,121.03

**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	\$ 7,562.09	\$ 756.21	\$ 441.39
Two Party	\$ 23,976.00	\$ 11,073.98	\$ 1,107.40	\$ 1,290.20
Family	\$ 33,792.00	\$ 15,171.72	\$ 1,517.17	\$ 1,862.03

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

Employee	\$ 9,480.00	\$ 7,109.99	\$ 711.00	\$ 237.00
Two Party	\$ 18,684.00	\$ 10,803.98	\$ 1,080.40	\$ 788.00
Family	\$ 26,268.00	\$ 14,766.72	\$ 1,476.67	\$ 1,150.13

**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	\$ 6,336.00	\$ 633.60	\$ 211.20
Two Party	\$ 16,632.00	\$ 10,686.98	\$ 1,068.70	\$ 594.50
Family	\$ 23,388.00	\$ 14,595.72	\$ 1,459.57	\$ 879.23

**TSA in Lieu of Health Insurance**

Employee	\$ 6,439.40	\$ 4,829.55	\$ 482.95	\$ -
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Only current TSA recipients may continue subject to proof of group insurance coverage.