

**AZUSA UNIFIED SCHOOL DISTRICT
8 HOUR CLASSIFIED EMPLOYEES
Dental, Life, Medical & Vision
2025-2026**

	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	\$ 946.80	\$ 639.32	\$ 63.93	\$ 30.75
Two Party	\$ 1,750.30	\$ 863.90	\$ 86.39	\$ 88.64
Family	\$ 2,381.40	\$ 1,006.15	\$ 100.62	\$ 137.52

**MetLife 100 Comp
(formerly Safeguard)**

Employee & all dependents	\$ 448.40	\$ 448.40	\$ 44.84	\$ -
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VISION

VISION SERVICE PLAN

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

Employee	\$ 208.70	\$ 133.64	\$ 13.36	\$ 7.51
Two Party	\$ 284.30	\$ 182.39	\$ 18.24	\$ 10.19
Family	\$ 477.00	\$ 342.55	\$ 34.26	\$ 13.44

**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	\$ 50.00	\$ 28.45	\$ 2.85	\$ 2.15
Age 70 =65%(25,000 = 16,250)	\$ 32.50	\$ 17.75	\$ 1.78	\$ 1.47
Age 75 =50%(25,000 = 12,500)	\$ 25.00	\$ 13.41	\$ 1.34	\$ 1.16

HEALTH

BLUE SHIELD HMO #1

(\$10/30 Office Copay; \$7/25 Rx Copay; \$100 ER Copay; \$0 Hospital Copay; Chiropractic Benefit)

Employee	\$ 11,304.00	\$ 9,902.78	\$ 990.28	\$ 140.12
Two Party	\$ 22,584.00	\$ 14,417.30	\$ 1,441.73	\$ 816.67
Family	\$ 31,800.00	\$ 19,724.96	\$ 1,972.50	\$ 1,207.50

BLUE SHIELD HMO #2

(\$20/30 Office Copay; \$9/35 Rx Copay; \$100 ER Copay; \$250 Hospital Copay; Chiropractic Benefit)

Employee	\$ 10,812.00	\$ 9,878.78	\$ 987.88	\$ 93.32
Two Party	\$ 21,648.00	\$ 14,357.30	\$ 1,435.73	\$ 729.07
Family	\$ 30,504.00	\$ 19,628.96	\$ 1,962.90	\$ 1,087.50

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	\$ 10,032.00	\$ 9,168.00	\$ 916.80	\$ 86.40
Two Party	\$ 20,100.00	\$ 14,357.30	\$ 1,435.73	\$ 574.27
Family	\$ 28,344.00	\$ 19,628.96	\$ 1,962.90	\$ 871.50

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	\$ 13,092.00	\$ 10,082.78	\$ 1,008.28	\$ 300.92
Two Party	\$ 26,220.00	\$ 14,765.30	\$ 1,476.53	\$ 1,145.47
Family	\$ 36,972.00	\$ 20,228.96	\$ 2,022.90	\$ 1,674.30

ANTHEM GOLD PPO

(\$35 PPO Office Copay; \$9/35 Rx Copay; \$0/Single \$0/Family Deductible)

Employee	\$ 12,108.00	\$ 10,082.78	\$ 1,008.28	\$ 202.52
Two Party	\$ 24,312.00	\$ 14,765.30	\$ 1,476.53	\$ 954.67
Family	\$ 34,320.00	\$ 20,228.96	\$ 2,022.90	\$ 1,409.10

KAISER HMO #1

(\$20 Office Copay; \$10/20 Rx Copay; \$100 ER Copay; Chiropractic Benefit)

Employee	\$ 10,356.00	\$ 9,479.98	\$ 948.00	\$ 87.60
Two Party	\$ 20,400.00	\$ 14,405.30	\$ 1,440.53	\$ 599.47
Family	\$ 28,692.00	\$ 19,688.96	\$ 1,968.90	\$ 900.30

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	\$ 9,216.00	\$ 8,448.00	\$ 844.80	\$ 76.80
Two Party	\$ 18,168.00	\$ 14,249.30	\$ 1,424.93	\$ 391.87
Family	\$ 25,548.00	\$ 19,460.96	\$ 1,946.10	\$ 608.70

TSA in Lieu of Health Insurance

Employee	\$ 6,439.40	\$ 6,439.40	\$ 643.94	\$ -
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Only current TSA recipients may continue subject to proof of group insurance coverage.