

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

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TWELTHLY DISTRICT CONTRIBUTION	TWELTHLY EMPLOYEE DEDUCTION	ANNUAL EMPLOYEE DEDUCTION
<b>DELTA DENTAL PLAN</b> (\$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
<b>MetLife 100 Comp</b> (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
<b>VISION SERVICE PLAN</b> Choice Plan w/ CVC glasses (\$15 copay; exam, frame & lenses every 12 mos.)					
Employee	\$ 202.60	\$ -	\$ -	\$ 16.88	\$ 202.60
Two Party	\$ 276.00	\$ -	\$ -	\$ 23.00	\$ 276.00
Family	\$ 463.10	\$ -	\$ -	\$ 38.59	\$ 463.10

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TWELTHLY DISTRICT CONTRIBUTION	TWELTHLY EMPLOYEE DEDUCTION	ANNUAL EMPLOYEE DEDUCTION
<b>MetLife Vision</b> (formerly Safeguard)					
Employee	\$ 68.76	\$ -	\$ -	\$ 5.73	\$ 68.76
Two Party	\$ 110.52	\$ -	\$ -	\$ 9.21	\$ 110.52
Family	\$ 175.80	\$ -	\$ -	\$ 14.65	\$ 175.80

	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TWELTHLY DISTRICT CONTRIBUTION	TWELTHLY EMPLOYEE DEDUCTION	ANNUAL EMPLOYEE DEDUCTION
<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	\$ 11,304.00	\$ 4,020.00	\$ 335.00	\$ 607.00	\$ 7,284.00
Two Party	\$ 22,584.00	\$ 4,020.00	\$ 335.00	\$ 1,547.00	\$ 1,547.00
Family	\$ 31,800.00	\$ 4,020.00	\$ 335.00	\$ 2,315.00	\$ 2,315.00
<b>BLUE SHIELD HMO#2</b> (\$20/30 Office copay; \$9/35 Rx copay; \$100 ER copay; \$250 Hospital copay; Chiropractic benefit)					
Employee	\$ 10,812.00	\$ 4,020.00	\$ 335.00	\$ 566.00	\$ 6,792.00
Two Party	\$ 21,648.00	\$ 4,020.00	\$ 335.00	\$ 1,469.00	\$ 17,628.00
Family	\$ 30,504.00	\$ 4,020.00	\$ 335.00	\$ 2,207.00	\$ 26,484.00
<b>BLUE SHIELD HMO #3</b> (\$30/45 Office copay; \$10/35 Rx copay with \$200 brand deductible; \$150 ER copay; 20% Hospital copay; Chiropractic benefit)					
Employee	\$ 10,032.00	\$ 4,020.00	\$ 335.00	\$ 501.00	\$ 6,012.00
Two Party	\$ 20,100.00	\$ 4,020.00	\$ 335.00	\$ 1,340.00	\$ 16,080.00
Family	\$ 28,344.00	\$ 4,020.00	\$ 335.00	\$ 2,027.00	\$ 24,324.00
<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	\$ 13,092.00	\$ 4,020.00	\$ 335.00	\$ 756.00	\$ 9,072.00
Two Party	\$ 26,220.00	\$ 4,020.00	\$ 335.00	\$ 1,850.00	\$ 22,200.00
Family	\$ 36,972.00	\$ 4,020.00	\$ 335.00	\$ 2,746.00	\$ 32,952.00
<b>KAISER HMO #1</b> (\$20 Office copay; \$10/20 Rx copay; \$100 ER copay; Chiropractic benefit)					
Employee	\$ 10,356.00	\$ 4,020.00	\$ 335.00	\$ 528.00	\$ 6,336.00
Two Party	\$ 20,400.00	\$ 4,020.00	\$ 335.00	\$ 1,365.00	\$ 16,380.00
Family	\$ 28,692.00	\$ 4,020.00	\$ 335.00	\$ 2,056.00	\$ 24,672.00
<b>KAISER DEDUCTIBLE HMO #2 Chiropractic Benefit</b> (\$1,000/single \$2,000/family Deductible; \$20 Office copay; \$10/30 Rx copay; 20% ER & hospital admission fee after \$1,000 deductible)					
Employee	\$ 9,216.00	\$ 4,020.00	\$ 335.00	\$ 433.00	\$ 5,196.00
Two Party	\$ 18,168.00	\$ 4,020.00	\$ 335.00	\$ 1,179.00	\$ 14,148.00
Family	\$ 25,548.00	\$ 4,020.00	\$ 335.00	\$ 1,794.00	\$ 21,528.00