

**AZUSA UNIFIED SCHOOL DISTRICT
RETIREE CLASSIFIED EMPLOYEES
Dental, Life, Medical & Vision
2026-2027**

DENTAL

ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TWELTHLY DISTRICT CONTRIBUTION	TWELTHLY EMPLOYEE DEDUCTION	ANNUAL EMPLOYEE DEDUCTION
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DELTA DENTAL PLAN

(\$2,500 annual max; \$2,500 ortho life max for adult & child)

Employee	\$	992.04	\$	-	\$	-	\$	82.67	\$	992.04
Two Party	\$	1,833.96	\$	-	\$	-	\$	152.83	\$	1,833.96
Family	\$	2,495.16	\$	-	\$	-	\$	207.93	\$	2,495.16

**MetLife 100 Comp
(formerly Safeguard)**

Employee & all dependents	\$	448.40	\$	-	\$	-	\$	37.37	\$	448.40
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VISION

VISION SERVICE PLAN

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

Employee	\$	208.70	\$	-	\$	-	\$	17.39	\$	208.70
Two Party	\$	284.30	\$	-	\$	-	\$	23.69	\$	284.30
Family	\$	477.00	\$	-	\$	-	\$	39.75	\$	477.00

**MetLife Vision
(formerly Safeguard)**

Employee	\$	68.76	\$	-	\$	-	\$	5.73	\$	68.76
Two Party	\$	110.52	\$	-	\$	-	\$	9.21	\$	110.52
Family	\$	175.80	\$	-	\$	-	\$	14.65	\$	175.80

HEALTH

BLUE SHIELD HMO #1

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

Employee	\$	12,396.00	\$	4,020.00	\$	335.00	\$	698.00	\$	8,376.00
Two Party	\$	24,756.00	\$	4,020.00	\$	335.00	\$	1,728.00	\$	1,728.00
Family	\$	34,836.00	\$	4,020.00	\$	335.00	\$	2,568.00	\$	2,568.00

BLUE SHIELD HMO#2

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

Employee	\$	11,856.00	\$	4,020.00	\$	335.00	\$	653.00	\$	7,836.00
Two Party	\$	23,724.00	\$	4,020.00	\$	335.00	\$	1,642.00	\$	19,704.00
Family	\$	33,420.00	\$	4,020.00	\$	335.00	\$	2,450.00	\$	29,400.00

BLUE SHIELD HMO #3

(\$30/45 Office copay; \$10/35 Rx copay with \$200 brand deductible; \$150 ER copay; 20% Hospital copay; Chiropractic benefit)

Employee	\$	11,016.00	\$	4,020.00	\$	335.00	\$	583.00	\$	6,996.00
Two Party	\$	22,056.00	\$	4,020.00	\$	335.00	\$	1,503.00	\$	18,036.00
Family	\$	31,092.00	\$	4,020.00	\$	335.00	\$	2,256.00	\$	27,072.00

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	\$	14,388.00	\$	4,020.00	\$	335.00	\$	864.00	\$	10,368.00
Two Party	\$	28,812.00	\$	4,020.00	\$	335.00	\$	2,066.00	\$	24,792.00
Family	\$	40,620.00	\$	4,020.00	\$	335.00	\$	3,050.00	\$	36,600.00

KAISER HMO #1

(\$20 Office copay; \$10/20 Rx copay; \$100 ER copay; Chiropractic benefit)

Employee	\$	11,376.00	\$	4,020.00	\$	335.00	\$	613.00	\$	7,356.00
Two Party	\$	22,416.00	\$	4,020.00	\$	335.00	\$	1,533.00	\$	18,396.00
Family	\$	31,524.00	\$	4,020.00	\$	335.00	\$	2,292.00	\$	27,504.00

KAISER DEDUCTIBLE HMO #2

(\$1,000/single \$2,000/family Deductible; \$20 Office copay; \$10/30 Rx copay; 20% ER & hospital admission fee after \$1,000 deductible; Chiropractic Benefit.)

Employee	\$	10,128.00	\$	4,020.00	\$	335.00	\$	509.00	\$	6,108.00
Two Party	\$	19,968.00	\$	4,020.00	\$	335.00	\$	1,329.00	\$	15,948.00
Family	\$	28,068.00	\$	4,020.00	\$	335.00	\$	2,004.00	\$	24,048.00