

**AZUSA UNIFIED SCHOOL DISTRICT
RETIREE CERTIFICATED 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	\$ 930.24	\$ -	\$ -	\$ 77.52	\$ 930.24
Two Party	\$ 1,719.72	\$ -	\$ -	\$ 143.31	\$ 1,719.72
Family	\$ 2,339.64	\$ -	\$ -	\$ 194.97	\$ 2,339.64

MetLife 100 Comp

(formerly Safeguard)

Employee & all dependents	\$ 448.50	\$ -	\$ -	\$ 37.38	\$ 448.50
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VISION

VISION SERVICE PLAN

Choice Plan w/ CVC Glasses (\$15 Copay; Exam, Frame & Lenses Every 12 Mos.)

Employee	\$ 312.30	\$ -	\$ -	\$ 26.03	\$ 312.30
Two Party	\$ 425.20	\$ -	\$ -	\$ 35.43	\$ 425.20
Family	\$ 713.80	\$ -	\$ -	\$ 59.49	\$ 713.80

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

(\$20/30 Office Copay; \$5/20 Rx Copay; \$100 ER Copay; \$250 Hospital Copay; Chiropractic Benefit)

Employee	\$ 12,204.00	\$ 11,376.00	\$ 948.00	\$ 69.00	\$ 828.00
Two Party	\$ 24,324.00	\$ 11,376.00	\$ 948.00	\$ 1,079.00	\$ 12,948.00
Family	\$ 34,188.00	\$ 11,376.00	\$ 948.00	\$ 1,901.00	\$ 22,812.00

BLUE SHIELD HMO #2

Chiropractic Benefit (\$25/30 Office Copay; \$15/50 Rx Copay with \$200 Brand Deductible;
\$100 ER Copay; \$500 Hospital Copay);

Employee	\$ 11,436.00	\$ 11,376.00	\$ 948.00	\$ 5.00	\$ 60.00
Two Party	\$ 22,932.00	\$ 11,376.00	\$ 948.00	\$ 963.00	\$ 11,556.00
Family	\$ 32,340.00	\$ 11,376.00	\$ 948.00	\$ 1,747.00	\$ 20,964.00

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	\$ 11,376.00	\$ 948.00	\$ 251.00	\$ 3,012.00
Two Party	\$ 28,812.00	\$ 11,376.00	\$ 948.00	\$ 1,453.00	\$ 17,436.00
Family	\$ 40,620.00	\$ 11,376.00	\$ 948.00	\$ 2,437.00	\$ 29,244.00

KAISER HMO #1

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

Employee	\$ 11,376.00	\$ 11,376.00	\$ 948.00	\$ -	\$ -
Two Party	\$ 22,416.00	\$ 11,376.00	\$ 948.00	\$ 920.00	\$ 11,040.00
Family	\$ 31,524.00	\$ 11,376.00	\$ 948.00	\$ 1,679.00	\$ 20,148.00

KAISER DEDUCTIBLE HMO #2

Chiropractic Benefit (\$1,000/Single \$2,000/Family Deductible; \$20 Office Copay; \$10/30 Rx Copay;
20% ER & Hospital Fee after \$1,000 Deductible)

Employee	\$ 10,128.00	\$ 8,448.00	\$ 704.00	\$ 140.00	\$ 1,680.00
Two Party	\$ 19,968.00	\$ 11,376.00	\$ 948.00	\$ 716.00	\$ 8,592.00
Family	\$ 28,068.00	\$ 11,376.00	\$ 948.00	\$ 1,391.00	\$ 16,692.00