

**AZUSA UNIFIED SCHOOL DISTRICT
ADULT EDUCATION CERTIFICATED EMPLOYEES
Dental, Life, Medical & Vision
2026-2027**

	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	\$	1,116.24	\$	598.73	\$	59.87	\$	51.75
Two Party	\$	2,063.64	\$	862.30	\$	86.23	\$	120.13
Family	\$	2,807.76	\$	1,043.60	\$	104.36	\$	176.42

**MetLife 100 Comp
(formerly Safeguard)**

Employee & all dependents	\$	448.40	\$	408.50	\$	40.85	\$	3.99
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VISION

**VISION SERVICE PLAN
Choice Plan w/ CVC Glasses and LightCare (\$15 Copay; Exam, Frame & Lenses Every 12 Mos.)**

Employee	\$	321.70	\$	107.00	\$	10.70	\$	21.47
Two Party	\$	438.00	\$	172.10	\$	17.21	\$	26.59
Family	\$	735.30	\$	273.90	\$	27.39	\$	46.14

**MetLife Vision
(formerly Safeguard)**

Employee	\$	68.80	\$	66.70	\$	6.67	\$	0.21
Two Party	\$	110.60	\$	107.30	\$	10.73	\$	0.33
Family	\$	175.80	\$	170.60	\$	17.06	\$	0.52

**Life/A D & D - UNUM
(\$35,000 Benefit through Age 70, Decreasing Thereafter)**

Employee	\$	75.25	\$	61.30	\$	6.13	\$	1.40
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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	\$	10,331.69	\$	1,033.17	\$	187.23
Two Party	\$	24,324.00	\$	13,651.59	\$	1,365.16	\$	1,067.24
Family	\$	34,188.00	\$	16,449.99	\$	1,645.00	\$	1,773.80

**BLUE SHIELD HMO #2
(\$25/30 Office Copay; \$15/50 Rx Copay with \$200 Brand Deductible; \$100 ER Copay;
\$500 Hospital Copay; Chiropractic Benefit)**

Employee	\$	11,436.00	\$	10,379.69	\$	1,037.97	\$	105.63
Two Party	\$	22,932.00	\$	13,723.59	\$	1,372.36	\$	920.84
Family	\$	32,340.00	\$	16,545.99	\$	1,654.60	\$	1,579.40

**BLUE SHIELD PPO
(\$20 Office Copay; \$5/20 Rx Copay; \$500/Single \$1,000/Family Deductible;
80% PPO/50% Out-of-Network after Deductible)**

Employee	\$	14,388.00	\$	10,535.69	\$	1,053.57	\$	385.23
Two Party	\$	28,812.00	\$	14,071.59	\$	1,407.16	\$	1,474.04
Family	\$	40,620.00	\$	17,049.99	\$	1,705.00	\$	2,357.00

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

Employee	\$	11,376.00	\$	10,355.99	\$	1,035.60	\$	102.00
Two Party	\$	22,416.00	\$	13,711.59	\$	1,371.16	\$	870.44
Family	\$	31,524.00	\$	16,509.99	\$	1,651.00	\$	1,501.40

**KAISER DEDUCTIBLE HMO #2
(\$1,000/Single \$2,000/Family Deduct.; \$20 Office Copay; \$10/30 Rx Copay;
20% ER & Hospital Fee after \$1,000 Deduct Chiropractic Benefit)**

Employee	\$	10,128.00	\$	9,215.99	\$	921.60	\$	91.20
Two Party	\$	19,968.00	\$	13,555.59	\$	1,355.56	\$	641.24
Family	\$	28,068.00	\$	16,281.99	\$	1,628.20	\$	1,178.60

TSA in Lieu of Health Insurance

Employee	\$	8,379.69	\$	8,379.69	\$	837.97	\$	-
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Only current TSA recipients may continue subject to proof of group insurance coverage.