

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

DENTAL

ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TENTHLY DISTRICT CONTRIBUTION	TENTHLY EMPLOYEE DEDUCTION
-------------------	------------------------------------	-------------------------------------	----------------------------------

DELTA DENTAL PLAN

(\$2,500 Annual Max; \$2,500 Ortho Life Max for Adult & Child)

Employee	\$	1,116.24	\$	734.85	\$	73.48	\$	38.14
Two Party	\$	2,063.64	\$	1,190.47	\$	119.05	\$	87.31
Family	\$	2,807.76	\$	1,530.20	\$	153.02	\$	127.76

MetLife 100 Comp

(formerly Safeguard)

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

VISION

VISION SERVICE PLAN

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

Employee	\$	321.70	\$	172.83	\$	17.28	\$	14.89
Two Party	\$	438.00	\$	252.67	\$	25.27	\$	18.53
Family	\$	735.30	\$	414.26	\$	41.43	\$	32.10

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

(\$35,000 Benefit through Age 70, Decreasing Thereafter)

Employee	\$	75.25	\$	75.25	\$	7.53	\$	-
----------	----	-------	----	-------	----	------	----	---

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	\$	9,977.04	\$	997.70	\$	222.70
Two Party	\$	24,324.00	\$	15,241.26	\$	1,524.13	\$	908.27
Family	\$	34,188.00	\$	18,291.24	\$	1,829.12	\$	1,589.68

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	\$	10,025.04	\$	1,002.50	\$	141.10
Two Party	\$	22,932.00	\$	15,313.26	\$	1,531.33	\$	761.87
Family	\$	32,340.00	\$	18,387.24	\$	1,838.72	\$	1,395.28

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	\$	10,181.04	\$	1,018.10	\$	420.70
Two Party	\$	28,812.00	\$	15,661.26	\$	1,566.13	\$	1,315.07
Family	\$	40,620.00	\$	18,891.24	\$	1,889.12	\$	2,172.88

KAISER HMO #1

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

Employee	\$	11,376.00	\$	10,025.04	\$	1,002.50	\$	135.10
Two Party	\$	22,416.00	\$	15,301.26	\$	1,530.13	\$	711.47
Family	\$	31,524.00	\$	18,351.24	\$	1,835.12	\$	1,317.28

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	\$	9,216.04	\$	921.60	\$	91.20
Two Party	\$	19,968.00	\$	15,145.26	\$	1,514.53	\$	482.27
Family	\$	28,068.00	\$	18,123.24	\$	1,812.32	\$	994.48

TSA in Lieu of Health Insurance

Employee	\$	10,025.04	\$	10,025.04	\$	1,002.50	\$	-
----------	----	-----------	----	-----------	----	----------	----	---

Only current TSA recipients may continue subject to proof of group insurance coverage.