

**AZUSA UNIFIED SCHOOL DISTRICT
6 AND LESS THAN 7 HOUR CLASSIFIED 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	\$	1,190.40	\$	479.49	\$	47.95	\$	71.09
Two Party	\$	2,200.68	\$	647.93	\$	64.79	\$	155.28
Family	\$	2,994.24	\$	754.61	\$	75.46	\$	223.96

**MetLife 100 Comp
(formerly Safeguard)**

Employee & all dependents	\$	448.40	\$	336.30	\$	33.63	\$	11.21
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VISION

**VISION SERVICE PLAN
Choice Plan w/ CVC glasses and LightCare (\$15 copay; exam, frame & lenses every 12 mos.)**

Employee	\$	208.70	\$	100.23	\$	10.02	\$	10.85
Two Party	\$	284.30	\$	136.79	\$	13.68	\$	14.75
Family	\$	477.00	\$	256.91	\$	25.69	\$	22.01

**MetLife Vision
(formerly Safeguard)**

Employee	\$	68.80	\$	51.60	\$	5.16	\$	1.72
Two Party	\$	110.60	\$	82.95	\$	8.30	\$	2.76
Family	\$	175.80	\$	131.85	\$	13.19	\$	4.39

**Life/A D & D - UNUM
(\$25,000 Benefit through Age 70, Decreasing Thereafter)**

Employee	\$	53.80	\$	21.34	\$	2.13	\$	3.25
Age 70 =65%(25,000 = 16,250)	\$	35.00	\$	20.48	\$	2.05	\$	1.45
Age 75 =50%(25,000 = 12,500)	\$	26.90	\$	10.06	\$	1.01	\$	1.68

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	\$	8,477.99	\$	847.80	\$	391.80
Two Party	\$	24,756.00	\$	13,062.98	\$	1,306.30	\$	1,169.30
Family	\$	34,836.00	\$	17,043.72	\$	1,704.37	\$	1,779.23

**BLUE SHIELD HMO#2
(\$20/30 Office Copay; \$9/35 Rx Copay; \$100 ER Copay; \$250 Hospital Copay; Chiropractic Benefit)**

Employee	\$	11,856.00	\$	8,108.99	\$	810.90	\$	374.70
Two Party	\$	23,724.00	\$	13,017.98	\$	1,301.80	\$	1,070.60
Family	\$	33,420.00	\$	16,971.72	\$	1,697.17	\$	1,644.83

**BLUE SHIELD HMO #3 Chiropractic Benefit
(\$30/45 Office Copay; \$10/35 Rx Copay with \$200 Brand Deductible; \$150 ER Copay; 20% Hospital Copay)**

Employee	\$	11,016.00	\$	7,524.00	\$	752.40	\$	349.20
Two Party	\$	22,056.00	\$	13,017.98	\$	1,301.80	\$	903.80
Family	\$	31,092.00	\$	16,971.72	\$	1,697.17	\$	1,412.03

**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	\$	9,812.09	\$	981.21	\$	457.59
Two Party	\$	28,812.00	\$	13,323.98	\$	1,332.40	\$	1,548.80
Family	\$	40,620.00	\$	17,421.72	\$	1,742.17	\$	2,319.83

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

Employee	\$	11,376.00	\$	7,766.99	\$	776.70	\$	360.90
Two Party	\$	22,416.00	\$	13,053.98	\$	1,305.40	\$	936.20
Family	\$	31,524.00	\$	17,016.72	\$	1,701.67	\$	1,450.73

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

Employee	\$	10,128.00	\$	6,912.00	\$	691.20	\$	321.60
Two Party	\$	19,968.00	\$	12,936.98	\$	1,293.70	\$	703.10
Family	\$	28,068.00	\$	16,845.72	\$	1,684.57	\$	1,122.23

TSA in Lieu of Health Insurance

Employee	\$	9,439.40	\$	7,079.55	\$	707.95	\$	-
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Only current TSA recipients may continue subject to proof of group insurance coverage.