

**AZUSA UNIFIED SCHOOL DISTRICT
7 AND LESS THAN 8 HOUR CLASSIFIED EMPLOYEES
Dental, Medical, Vision & Life
2026-2027**

DENTAL

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

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

Employee	\$	1,190.40	\$	559.41	\$	55.94	\$	63.10
Two Party	\$	2,200.68	\$	755.91	\$	75.59	\$	144.48
Family	\$	2,994.24	\$	880.38	\$	88.04	\$	211.38

**MetLife 100 Comp
(formerly Safeguard)**

Employee & all dependents	\$	448.40	\$	392.35	\$	39.24	\$	5.60
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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	\$	116.94	\$	11.69	\$	9.18
Two Party	\$	284.30	\$	159.59	\$	15.96	\$	12.47
Family	\$	477.00	\$	299.73	\$	29.97	\$	17.73

**MetLife Vision
(formerly Safeguard)**

Employee		68.80		60.20		6.02		0.86
Two Party		110.60		96.78		9.68		1.38
Family		175.80		153.83		15.38		2.20

Life/A D & D - UNUM

(\$25,000 Benefit through Age 70, Decreasing Thereafter)

Employee	\$	53.80	\$	24.89	\$	2.49	\$	2.89
Age 70 =65%(25,000 = 16,250)	\$	35.00	\$	23.90	\$	2.39	\$	1.11
Age 75 =50%(25,000 = 12,500)	\$	26.90	\$	11.73	\$	1.17	\$	1.52

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	\$	9,890.98	\$	989.10	\$	250.50
Two Party	\$	24,756.00	\$	15,240.14	\$	1,524.01	\$	951.59
Family	\$	34,836.00	\$	19,884.34	\$	1,988.43	\$	1,495.17

BLUE SHIELD HMO#2

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

Employee	\$	11,856.00	\$	9,003.58	\$	900.36	\$	285.24
Two Party	\$	23,724.00	\$	15,187.64	\$	1,518.76	\$	853.64
Family	\$	33,420.00	\$	19,800.34	\$	1,980.03	\$	1,361.97

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	\$	8,778.00	\$	877.80	\$	223.80
Two Party	\$	22,056.00	\$	15,187.64	\$	1,518.76	\$	686.84
Family	\$	31,092.00	\$	19,800.34	\$	1,980.03	\$	1,129.17

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	\$	11,447.43	\$	1,144.74	\$	294.06
Two Party	\$	28,812.00	\$	15,544.64	\$	1,554.46	\$	1,326.74
Family	\$	40,620.00	\$	20,325.34	\$	2,032.53	\$	2,029.47

KAISER HMO #1

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

Employee	\$	11,376.00	\$	9,061.48	\$	906.15	\$	231.45
Two Party	\$	22,416.00	\$	15,229.64	\$	1,522.96	\$	718.64
Family	\$	31,524.00	\$	19,852.84	\$	1,985.28	\$	1,167.12

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	\$	8,064.00	\$	806.40	\$	206.40
Two Party	\$	19,968.00	\$	15,093.14	\$	1,509.31	\$	487.49
Family	\$	28,068.00	\$	19,653.34	\$	1,965.33	\$	841.47

TSA in Lieu of Health Insurance

Employee	\$	9,439.40	\$	8,259.47	\$	825.95		
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Only current TSA recipients may continue subject to proof of group insurance coverage.