

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

**ANNUAL
PREMIUM**

**ANNUAL
DISTRICT
CONTRIBUTION**

**TENTHLY
DISTRICT
CONTRIBUTION**

**TENTHLY
EMPLOYEE
DEDUCTION**

DENTAL

DELTA DENTAL PLAN

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

Employee	\$ 1,190.40	\$ 639.32	\$ 63.93	\$ 55.11
Two Party	\$ 2,200.68	\$ 863.90	\$ 86.39	\$ 133.68
Family	\$ 2,994.24	\$ 1,006.15	\$ 100.62	\$ 198.80

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	\$ 208.70	\$ 133.64	\$ 13.36	\$ 7.51
Two Party	\$ 284.30	\$ 182.39	\$ 18.24	\$ 10.19
Family	\$ 477.00	\$ 342.55	\$ 34.26	\$ 13.44

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

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

Employee	\$ 53.8	\$ 28.45	\$ 2.85	\$ 2.53
Age 70 =65%(25,000 = 16,250)	\$ 35	\$ 27.31	\$ 2.73	\$ 0.76
Age 75 =50%(25,000 = 12,500)	\$ 26.9	\$ 13.41	\$ 1.34	\$ 1.35

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	\$ 11,303.98	\$ 1,130.40	\$ 109.20
Two Party	\$ 24,756.00	\$ 17,417.30	\$ 1,741.73	\$ 733.87
Family	\$ 34,836.00	\$ 22,724.96	\$ 2,272.50	\$ 1,211.10

BLUE SHIELD HMO#2

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

Employee	\$ 11,856.00	\$ 10,811.98	\$ 1,081.20	\$ 104.40
Two Party	\$ 23,724.00	\$ 17,357.30	\$ 1,735.73	\$ 636.67
Family	\$ 33,420.00	\$ 22,628.96	\$ 2,262.90	\$ 1,079.10

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	\$ 10,032.00	\$ 1,003.20	\$ 98.40
Two Party	\$ 22,056.00	\$ 17,357.30	\$ 1,735.73	\$ 469.87
Family	\$ 31,092.00	\$ 22,628.96	\$ 2,262.90	\$ 846.30

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	\$ 13,082.78	\$ 1,308.28	\$ 130.52
Two Party	\$ 28,812.00	\$ 17,765.30	\$ 1,776.53	\$ 1,104.67
Family	\$ 40,620.00	\$ 23,228.96	\$ 2,322.90	\$ 1,739.10

KAISER HMO #1

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

Employee	\$ 11,376.00	\$ 10,355.98	\$ 1,035.60	\$ 102.00
Two Party	\$ 22,416.00	\$ 17,405.30	\$ 1,740.53	\$ 501.07
Family	\$ 31,524.00	\$ 22,688.96	\$ 2,268.90	\$ 883.50

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	\$ 9,216.00	\$ 921.60	\$ 91.20
Two Party	\$ 19,968.00	\$ 17,249.30	\$ 1,724.93	\$ 271.87
Family	\$ 28,068.00	\$ 22,460.96	\$ 2,246.10	\$ 560.70

TSA in Lieu of Health Insurance

Employee	\$ 9,439.40	\$ 9,439.40	\$ 943.94	\$ -
----------	-------------	-------------	-----------	------

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