

AZUSA UNIFIED SCHOOL DISTRICT
RETIREE CLASSIFIED EMPLOYEES
 Health, Dental, Vision & Life Benefits
 2021-2022

RETIREE CLASS

INSURANCE PLAN	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	TENTHLY DISTRICT CONTRIBUTION	TENTHLY EMPLOYEE DEDUCTION*	RETIREE RATES CONTRIBUTION **
DENTAL					
<u>DELTA DENTAL PLAN (\$3,000 annual max; \$3,000 ortho life max for adult & child)</u>					
Employee	898.30	0.00	0.00	89.83	89.83
Two Party	1,660.80	0.00	0.00	166.08	166.08
Family	2,259.50	0.00	0.00	225.95	225.95
<u>MetLife 100 Comp (formerly Safeguard)</u>					
Employee & all dependents	448.50	0.00	0.00	0.00	44.85
VISION					
<u>VISION SERVICE PLAN - Choice Plan w/ CVC glasses (\$15 copay; exam, frame & lenses every 12 mos.)</u>					
Employee	197.00	0.00	0.00	19.70	19.70
Two Party	268.20	0.00	0.00	26.82	26.82
Family	450.10	0.00	0.00	45.01	45.01
<u>MetLife Vision (formerly Safeguard)</u>					
Employee	68.80	0.00	0.00	6.88	6.88
Two Party	110.50	0.00	0.00	11.05	11.05
Family	175.80	0.00	0.00	17.58	17.58
HEALTH					
<u>BLUE SHIELD HMO #1 (\$10/30 Office copay; \$7/25 Rx copay; \$100 ER copay; \$0 Hospital copay; Chiropractic benefit)</u>					
Employee	8,484.00	3020.00	302.00	546.40	546.40
Two Party	16,728.00	3020.00	302.00	1,370.80	1,370.80
Family	23,436.00	3020.00	302.00	2,041.60	2,041.60
<u>BLUE SHIELD HMO#2 (\$20/30 Office copay; \$9/35 Rx copay; \$100 ER copay; \$250 Hospital copay; Chiropractic benefit)</u>					
Employee	8,076.00	3020.00	302.00	505.60	505.60
Two Party	15,948.00	3020.00	302.00	1,292.80	1,292.80
Family	22,368.00	3020.00	302.00	1,934.80	1,934.80
<u>BLUE SHIELD HMO #3 (\$30/45 Office copay; \$10/35 Rx copay with \$200 brand deductible; \$150 ER copay; 20% Hospital copay; Chiropractic benefit)</u>					
Employee	7,440.00	3020.00	302.00	442.00	442.00
Two Party	14,748.00	3020.00	302.00	1,172.80	1,172.80
Family	20,688.00	3020.00	302.00	1,766.80	1,766.80
<u>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)</u>					
Employee	9,588.00	3020.00	302.00	656.80	656.80
Two Party	18,948.00	3020.00	302.00	1,592.80	1,592.80
Family	26,568.00	3020.00	302.00	2,354.80	2,354.80
<u>KAISER HMO #1 (\$20 Office copay; \$10/20 Rx copay; \$100 ER copay; Chiropractic benefit)</u>					
Employee	7,524.00	3020.00	302.00	450.40	450.40
Two Party	14,712.00	3020.00	302.00	1,169.20	1,169.20
Family	20,628.00	3020.00	302.00	1,760.80	1,760.80
<u>KAISER DEDUCTIBLE HMO #2 (\$1,000/single \$2,000/family Deductible; \$20 Office copay; \$10/30 Rx copay; 20% ER & hospital admission fee after \$1,000 deductible); Chiropractic benefit</u>					
Employee	6,708.00	3020.00	302.00	368.80	368.80
Two Party	13,104.00	3020.00	302.00	1,008.40	1,008.40
Family	18,384.00	3020.00	302.00	1,536.40	1,536.40

Coverage Effective Dates and Contribution Eligibility Criteria

Retirement Enrollment Dates: July 1, 2021- July 30, 2021

*Deductions for annual premiums are made in 10 months - September through June earnings.

Coverage is effective October 1 through September 30.

Payments to the Accounting Department, Attention: Claudia Tonsay

Coverage is effective October 1 through September 30.

** Medical rates vary based upon individual district retiree contributions