

DOUGLAS UNIFIED SCHOOL DISTRICT

2025-2026

Employee Benefits

BCBS of AZ**PPO- GOLD PLAN**

Co-Pmt. \$30.00 Office Visit - \$40.00 Specialist

No Deductible / No Co-Insurance

Board Contribution= \$558.23/Mo.

	Employee	Employee/ Spouse	Employee/ Children	Employee/ Family	Dual Employee
--	----------	---------------------	-----------------------	---------------------	------------------

Monthly Premium	\$ 730.54	\$ 1,395.34	\$ 1,241.93	\$ 1,811.75	\$ 1,811.75
-----------------	-----------	-------------	-------------	-------------	-------------

Annual Premium	\$ 8,766.48	\$ 16,744.08	\$ 14,903.16	\$ 21,741.00	\$ 21,741.00
----------------	-------------	--------------	--------------	--------------	--------------

Board Contribution	\$ 6,698.76	\$ 6,698.76	\$ 6,698.76	\$ 6,698.76	\$ 13,397.52
--------------------	-------------	-------------	-------------	-------------	--------------

Employee Balance	\$ 2,067.72	\$ 10,045.32	\$ 8,204.40	\$ 15,042.24	\$ 8,343.48
------------------	-------------	--------------	-------------	--------------	-------------

Employee Payroll Contributions:

21 Deductions	\$ 98.46	\$ 478.35	\$ 390.69	\$ 716.30	\$ 397.31
---------------	----------	-----------	-----------	-----------	-----------

26 Deductions	\$ 79.53	\$ 386.36	\$ 315.55	\$ 578.55	\$ 320.90
---------------	----------	-----------	-----------	-----------	-----------

PPO- CLASSIC GOLD

Co-Pmt. \$25.00 Office Visit - \$35.00 Specialist

Deductible: \$300.00 Ee/ \$900.00 Fam. - 15% Co-Insurance

Board Contribution \$558.23

	Employee	Employee/ Spouse	Employee/ Children	Employee/ Family	Dual Employee
--	----------	---------------------	-----------------------	---------------------	------------------

Monthly Premium	\$ 665.27	\$ 1,270.66	\$ 1,130.96	\$ 1,649.87	\$ 1,649.87
-----------------	-----------	-------------	-------------	-------------	-------------

Annual Premium	\$ 7,983.24	\$ 15,247.92	\$ 13,571.52	\$ 19,798.44	\$ 19,798.44
----------------	-------------	--------------	--------------	--------------	--------------

Board Contribution	\$ 6,698.76	\$ 6,698.76	\$ 6,698.76	\$ 6,698.76	\$ 13,397.52
--------------------	-------------	-------------	-------------	-------------	--------------

Employee Balance	\$ 1,284.48	\$ 8,549.16	\$ 6,872.76	\$ 13,099.68	\$ 6,400.92
------------------	-------------	-------------	-------------	--------------	-------------

Employee Payroll Contributions:

21 Deductions	\$ 61.17	\$ 407.10	\$ 327.27	\$ 623.79	\$ 304.81
---------------	----------	-----------	-----------	-----------	-----------

26 Deductions	\$ 49.40	\$ 328.81	\$ 264.34	\$ 503.83	\$ 246.19
---------------	----------	-----------	-----------	-----------	-----------

PPO - PPO CLASSIC

Co-Pmt. \$30.00 Office Visit - \$40.00 Specialist

Deductible: \$500.00 Ee/\$1,000.00 Fam. & 20% Co-Insurance

Board Contribution \$558.23

	Employee	Employee/ Spouse	Employee/ Children	Employee/ Family	Dual Employee
--	----------	---------------------	-----------------------	---------------------	------------------

Monthly Premium	\$ 620.26	\$ 1,184.69	\$ 1,054.44	\$ 1,538.24	\$ 1,538.24
-----------------	-----------	-------------	-------------	-------------	-------------

Annual Premium	\$ 7,443.12	\$ 14,216.28	\$ 12,653.28	\$ 18,458.88	\$ 18,458.88
----------------	-------------	--------------	--------------	--------------	--------------

Board Contribution	\$ 6,698.76	\$ 6,698.76	\$ 6,698.76	\$ 6,698.76	\$ 13,397.52
--------------------	-------------	-------------	-------------	-------------	--------------

Employee Balance	\$ 744.36	\$ 7,517.52	\$ 5,954.52	\$ 11,760.12	\$ 5,061.36
------------------	-----------	-------------	-------------	--------------	-------------

Employee Payroll Contributions:

21 Deductions	\$ 35.45	\$ 357.98	\$ 283.55	\$ 560.01	\$ 241.02
---------------	----------	-----------	-----------	-----------	-----------

26 Deductions	\$ 28.63	\$ 289.14	\$ 229.02	\$ 452.31	\$ 194.67
---------------	----------	-----------	-----------	-----------	-----------

DOUGLAS UNIFIED SCHOOL DISTRICT

2025-2026

Employee Benefits

GUARDIAN-DENTAL

			Employee/ Spouse		Employee/ Children		Employee/ Family		Dual Employee
Monthly Premium		\$ 13.55		\$ 36.21		\$ 30.50		\$ 51.45	\$ 51.45
Annual Premium		\$ 162.60		\$ 434.52		\$ 366.00		\$ 617.40	\$ 617.40
Board Contribution		\$ 162.60		\$ 162.60		\$ 162.60		\$ 162.60	\$ 325.20
Employee Balance		\$ -		\$ 271.92		\$ 203.40		\$ 454.80	\$ 292.20
<u>Employee Payroll Contributions:</u>									
21 Deductions		\$ -		\$ 12.95		\$ 9.69		\$ 21.66	\$ 13.91
26 Deductions		\$ -		\$ 10.46		\$ 7.82		\$ 17.49	\$ 11.24

METLIFE - VISION

				Employee/ Spouse		Employee/ Children		Employee/ Family		
		Employee								
Monthly Premium		\$ 5.08		\$ 10.18		\$ 10.86		\$ 17.37		
Annual Premium		\$ 60.96		\$ 122.16		\$ 130.32		\$ 208.44		
Employee Payroll Contributions:										
21 Deductions		\$ 2.90		\$ 5.82		\$ 6.21		\$ 9.93		
26 Deductions		\$ 2.34		\$ 4.70		\$ 5.01		\$ 8.02		