2025-2026
Benefits At-A-Glance

Dental

Monthly Employee Premiums

	Delta Dental	Cigna
Employee	$0.00	$0.00
Employee + Spouse	$45.02	$0.00
Employee + Child(ren)	$49.52	$0.00
Employee + Family	$90.03	$0.00
*Dual Spouse + Family	$45.02	$0.00

Delta Dental of AZ – Group Plan III

- Routine exam covered 100%
- $25 single/$75 family deductible
- $2,000 annual maximum
- Lifetime orthodontia maximum of $1,500 for children 8 – 19.

Cigna DHMO

- Required to select a Cigna Dental Care Access Network General Dentist
- Pay the copay amount listed on the Patient Charge Schedule
- Referrals required for specialty care with the exception of pediatric dentists and orthodontics
- No deductibles or calendar year maximums

Medical

Monthly Employee Premiums

	HDHP	Choice EPO
Employee	$0.00	$79.67
Employee + Spouse	$325.62	$658.37
Employee + Child(ren)	$152.00	$542.63
Employee + Family	$716.24	$1,179.21
*Dual Spouse + Family	$116.24	$579.21

United Healthcare High Deductible Health Plan

- District contribution to Health Savings Acct – $900 for Employee only, $200 for Employee + Dependent coverage - prorated for new hires based on months of coverage
- Preventative Care covered 100%
- $3,300 individual / $6,400 family deductible
- $4,500 individual / $9,000 family fiscal year out-of-pocket maximum

United Healthcare Choice EPO Plan

- Preventative Care covered 100%
- $25 co-pay for Primary Care Physician Visit
- $750 individual / $2,250 family deductible
- $4,500 individual / $9,000 family fiscal year out-of-pocket maximum
- No out of network benefits

* Dual Spouse+Family applies when both spouses are eligible employees of the District and have at least one additional dependent child

Vision

Monthly Employee Premiums

	Base	Buy-Up
Employee	$6.08	$11.78
Employee + Spouse	$12.17	$23.55
Employee + Child(ren)	$13.02	$25.20
Employee + Family	$20.81	$40.27

VSP Base Plan

- $10 exam copay
- $180 Featured Frame Brand Allowance, every other plan year
- Standard spectacle lenses covered in full once every plan year
- $150 contact lens allowance in lieu of frames and lenses once every plan year

VSP Buy-Up Plan

- $10 exam copay
- $245 Featured Frame Brand Allowance, every plan year
- Standard spectacle lenses covered in full once every plan year
- $175 contact lens allowance in lieu of frames and lenses once every plan year

Additional Benefits:

District Paid Life Insurance - Voluntary Life / AD&D Insurance - Voluntary Short- Term Disability - Flexible Spending Account(s) Wellness Program - Employee Assistance Program - Colonial Accident - Colonial Hospital Indemnity- Colonial Critical Illness