

INSURANCE CONTRIBUTION RATES

7/01/2018 to 6/30/2019

HEALTH INSURANCE

BLUE CROSS BLUE SHIELD OF ARIZONA #19676

928/526-0232

BASE PLAN

FY 2017/2018

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$40.61	\$487.32
Employee + Child(ren)	\$881.34	\$10,576.08
Employee + Spouse	\$881.34	\$10,576.08
Family	\$881.34	\$10,576.08
2-Emp Discount	\$354.52	\$4,254.24

FY 2018/2019

Employee Pays per Month	Employee Annual Total
\$49.94	\$599.28
\$601.89	\$7,222.68
\$802.95	\$9,635.40
\$1,006.84	\$12,082.08
\$459.86	\$5,518.32

BUY-UP PLAN

FY 2017/2018

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$99.60	\$1,195.20
Employee + Child(ren)	\$1,030.86	\$12,370.32
Employee + Spouse	\$1,030.86	\$12,370.32
Family	\$1,030.86	\$12,370.32
2-Emp Discount	\$504.04	\$6,048.48

FY 2018/2019

Employee Pays per Month	Employee Annual Total
\$114.52	\$1,374.24
\$734.80	\$8,817.60
\$957.51	\$11,490.12
\$1,165.61	\$13,987.32
\$599.94	\$7,199.28

HDHP PLAN

FY 2017/2018

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$0.00	\$0.00
Employee + Child(ren)	\$742.52	\$8,910.24
Employee + Spouse	\$742.52	\$8,910.24
Family	\$742.52	\$8,910.24
2-Emp Discount	\$258.98	\$3,107.76

FY 2018/2019

Employee Pays per Month	Employee Annual Total
\$0.00	\$0.00
\$437.88	\$5,254.56
\$615.51	\$7,386.12
\$814.80	\$9,777.60
\$288.06	\$3,456.72

HEALTH SAVINGS ACCOUNT

FY 2017/2018

Monthly .HSA Deposit	Annual .HSA Deposit
\$2.68	\$32.16

FY 2018/2019

Monthly .HSA Deposit	Annual .HSA Deposit
\$20.00	\$240.00

WELLNESS INCENTIVE PROGRAM

COMPLETE LEVEL 1

\$120 Annual Discount on Health Insurance costs
 HDHP Plan - \$30.00/month deposited into .HSA

COMPLETE LEVELS 1 & 2

\$240 Annual Discount on Health Insurance costs
 HDHP Plan - \$40.00/month deposited into .HSA

COMPLETE LEVELS 1, 2 & 3

\$240 Annual Discount on Health Insurance costs
 HDHP Plan - \$40.00/month deposited into .HSA
 \$120 Cash Incentive added to your paycheck (taxable)

DELTA DENTAL #1505

FY 2017/2018

	Employee Pays per Month	Employee Annual Total
Base Single Plan	\$0.00	\$0.00
Base Family Plan	\$60.76	\$729.12
Base 2-Emp Discount	\$23.40	\$280.80
Buy-Up Single Plan	N/A	N/A
Buy-Up Family Plan	N/A	N/A
Buy-Up 2-Emp Discount	N/A	N/A
District Contributions	\$35.72	\$428.64

800/352-6132

FY 2018/2019

	Employee Pays per Month	Employee Annual Total
	\$0.00	\$0.00
	\$62.58	\$750.96
	\$25.78	\$309.36
	\$3.22	\$38.64
	\$71.30	\$855.60
	\$34.50	\$414.00
	\$36.80	\$441.60

VSP #12239817 - Core #0019, Buy Up #0004

	Employee Pays per Month	Employee Annual Total
Exam Only Core Plan	\$0.00	\$0.00
Employee Buy Up Plan	\$5.78	\$69.36
Family Buy Up Plan	\$14.62	\$175.44
District Contributions	\$1.40	\$16.80

800/877-7195

	Employee Pays per Month	Employee Annual Total
	\$0.00	\$0.00
	\$5.78	\$69.36
	\$14.62	\$175.44
	\$1.40	\$16.80