



7/01/2021 to 6/30/2022

HEALTH INSURANCE RATES

MEDICAL INSURANCE

BLUE CROSS BLUE SHIELD OF ARIZONA #19676

855/845-1875

BASE PLAN

FY 2020/2021

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$57.53	\$690.36
Employee + Child(ren)	\$632.90	\$7,594.80
Employee + Spouse	\$842.62	\$10,111.44
Family	\$1,070.61	\$12,847.32
2-Emp Discount	\$448.59	\$5,383.08

FY 2021/2022

Employee Pays per Month	Employee Annual Total
\$60.66	\$727.92
\$647.65	\$7,771.80
\$865.36	\$10,384.32
\$1,115.58	\$13,386.96
\$481.69	\$5,780.28

BUY-UP PLAN

FY 2020/2021

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$125.30	\$1,503.60
Employee + Child(ren)	\$771.55	\$9,258.60
Employee + Spouse	\$1,003.85	\$12,046.20
Family	\$1,254.32	\$15,051.84
2-Emp Discount	\$592.42	\$7,109.04

FY 2021/2022

Employee Pays per Month	Employee Annual Total
\$133.23	\$1,598.76
\$794.86	\$9,538.32
\$1,036.52	\$12,438.24
\$1,313.06	\$15,756.72
\$636.54	\$7,638.48

HIGH DEDUCTIBLE PLAN

FY 2020/2021

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$0.00	\$0.00
Employee + Child(ren)	\$421.60	\$5,059.20
Employee + Spouse	\$563.28	\$6,759.36
Family	\$626.70	\$7,520.40
2-Emp Discount	\$321.27	\$3,855.24

FY 2021/2022

Employee Pays per Month	Employee Annual Total
\$0.00	\$0.00
\$421.60	\$5,059.20
\$563.28	\$6,759.36
\$626.70	\$7,520.40
\$321.27	\$3,855.24

**HEALTH SAVINGS ACCOUNT
(High Deductible Plan only)**

FY 2020/2021

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

FY 2021/2022

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

PRESCRIPTIONS

(only if enrolled in FUSD medical plan)

CVS CAREMARK #3172

877/456-0109



7/01/2021 to 6/30/2022

WELLNESS INCENTIVE PROGRAM

HEALTH PLAN DISCOUNT

www.napebt.com

\$240 Annual Discount on Health Insurance costs

High Deductible Health Plan (HDHP) Plan - \$20.00/month deposited into .HSA

WELLNESS INCENTIVE

\$240 Annual Discount on Health Insurance costs

\$120 Wellness Incentive added to your paycheck (taxable)

High Deductible Health Plan (HDHP) Plan - \$20.00/month deposited into .HSA

DENTAL INSURANCE

DELTA DENTAL #1505

800/352-6132

	FY 2020/2021	
	Employee Pays per Month	Employee Annual Total
Base Single Plan	\$0.00	\$0.00
Base Family Plan	\$54.56	\$654.72
Base 2-Emp Discount	\$23.26	\$279.12
Buy-Up Single Plan	\$5.68	\$68.16
Buy-Up Family Plan	\$70.74	\$848.88
Buy-Up 2-Emp Discount	\$39.44	\$473.28
District Contributions	\$31.30	\$375.60

	FY 2021/2022	
	Employee Pays per Month	Employee Annual Total
	\$0.00	\$0.00
	\$57.28	\$687.36
	\$24.40	\$292.80
	\$5.96	\$71.52
	\$74.26	\$891.12
	\$41.38	\$496.56
	\$32.88	\$375.60

VISION INSURANCE

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

800/877-7195

	FY 2020/2021	
	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

	FY 2021/2022	
	Employee Pays per Month	Employee Annual Total
	\$0.00	\$0.00
	\$5.78	\$69.36
	\$14.62	\$175.44
	\$1.40	\$16.80