



7/01/2022 to 6/30/2023

HEALTH INSURANCE RATES

MEDICAL INSURANCE

BLUE CROSS BLUE SHIELD OF ARIZONA #19676

855/845-1875

BASE PLAN

FY 2021/2022

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$60.66	\$727.92
Employee + Child(ren)	\$647.65	\$7,771.80
Employee + Spouse	\$865.36	\$10,384.32
Family	\$1,115.58	\$13,386.96
2-Emp Discount	\$481.69	\$5,780.28

FY 2022/2023

Employee Pays per Month	Employee Annual Total
\$68.01	\$816.12
\$685.29	\$8,223.48
\$910.49	\$10,925.88
\$1,181.58	\$14,178.96
\$519.97	\$6,239.64

BUY-UP PLAN

FY 2021/2022

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$133.23	\$1,598.76
Employee + Child(ren)	\$794.86	\$9,538.32
Employee + Spouse	\$1,036.52	\$12,438.24
Family	\$1,313.06	\$15,756.72
2-Emp Discount	\$636.54	\$7,638.48

FY 2022/2023

Employee Pays per Month	Employee Annual Total
\$151.80	\$1,821.60
\$835.04	\$10,020.48
\$1,084.55	\$13,014.60
\$1,423.29	\$17,079.48
\$738.03	\$8,856.36

HIGH DEDUCTIBLE PLAN

FY 2021/2022

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 2022/2023

Employee Pays per Month	Employee Annual Total
\$0.00	\$0.00
\$448.68	\$5,384.16
\$608.72	\$7,304.64
\$691.52	\$8,298.24
\$366.38	\$4,396.56

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

FY 2021/2022

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

FY 2022/2023

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

PRESCRIPTIONS

(only if enrolled in FUSD medical plan)

CVS CAREMARK #3172

877/456-0109



7/01/2022 to 6/30/2023

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 2021/2022	
	Employee Pays per Month	Employee Annual Total
Base Single Plan	\$0.00	\$0.00
Base Family Plan	\$57.28	\$687.36
Base 2-Emp Discount	\$24.40	\$292.80
Buy-Up Single Plan	\$5.96	\$71.52
Buy-Up Family Plan	\$74.26	\$891.12
Buy-Up 2-Emp Discount	\$41.38	\$496.56
District Contributions	\$32.88	\$394.56

	FY 2022/2023	
	Employee Pays per Month	Employee Annual Total
	\$0.00	\$0.00
	\$58.31	\$699.72
	\$24.84	\$298.08
	\$6.07	\$72.84
	\$75.60	\$907.20
	\$42.13	\$505.56
	\$33.47	\$401.64

VISION INSURANCE

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

800/877-7195

	FY 2021/2022	
	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 2022/2023	
	Employee Pays per Month	Employee Annual Total
	\$0.00	\$0.00
	\$5.78	\$69.36
	\$14.62	\$175.44
	\$1.40	\$16.80