



7/01/2023 to 6/30/2024

HEALTH INSURANCE RATES

MEDICAL INSURANCE

BLUE CROSS BLUE SHIELD OF ARIZONA #19676

(855)845-1875

BASE PLAN

FY 2022/2023

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$68.01	\$816.12
Employee + Child(ren)	\$685.29	\$8,223.48
Employee + Spouse	\$910.49	\$10,925.88
Family	\$1,181.58	\$14,178.96
2-Emp Discount	\$519.97	\$6,239.64

FY 2023/2024

Employee Pays per Month	Employee Annual Total
\$62.57	\$750.84
\$689.56	\$8,274.72
\$928.00	\$11,136.00
\$1,227.24	\$14,726.88
\$523.78	\$6,285.36

BUY-UP PLAN

FY 2022/2023

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$151.80	\$1,821.60
Employee + Child(ren)	\$835.04	\$10,020.48
Employee + Spouse	\$1,084.55	\$13,014.60
Family	\$1,423.29	\$17,079.48
2-Emp Discount	\$738.03	\$8,856.36

FY 2023/2024

Employee Pays per Month	Employee Annual Total
\$156.98	\$1,883.76
\$858.10	\$10,297.20
\$1,123.87	\$13,486.44
\$1,509.18	\$18,110.16
\$756.10	\$9,073.20

HIGH DEDUCTIBLE PLAN

FY 2022/2023

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$0.00	\$0.00
Employee + Child(ren)	\$448.68	\$5,384.16
Employee + Spouse	\$608.72	\$7,304.64
Family	\$691.52	\$8,298.24
2-Emp Discount	\$366.38	\$4,396.56

FY 2023/2024

Employee Pays per Month	Employee Annual Total
\$0.00	\$0.00
\$476.92	\$5,723.04
\$646.90	\$7,762.80
\$769.60	\$9,235.20
\$392.50	\$4,710.00

HEALTH SAVINGS ACCOUNT
(High Deductible Plan only)

FY 2022/2023

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

FY 2023/2024

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

PRESCRIPTIONS

(only if enrolled in FUSD medical plan)

CVS CAREMARK #3172

(877)456-0109



7/01/2023 to 6/30/2024

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 2022/2023	
	Employee Pays per Month	Employee Annual Total
Base Single Plan	\$0.00	\$0.00
Base Family Plan	\$58.31	\$699.72
Base 2-Emp Discount	\$24.84	\$298.08
Buy-Up Single Plan	\$6.07	\$72.84
Buy-Up Family Plan	\$75.60	\$907.20
Buy-Up 2-Emp Discount	\$42.13	\$505.56
District Contributions	\$33.47	\$401.64

	FY 2023/2024	
	Employee Pays per Month	Employee Annual Total
	\$0.00	\$0.00
	\$61.81	\$741.72
	\$26.33	\$315.96
	\$6.43	\$77.16
	\$80.13	\$961.56
	\$44.65	\$535.80
	\$35.48	\$425.76

VISION INSURANCE

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

(800)877-7195

	FY 2022/2023	
	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 2023/2024	
	Employee Pays per Month	Employee Annual Total
	\$0.00	\$0.00
	\$5.78	\$69.36
	\$14.62	\$175.44
	\$1.40	\$16.80