



7/01/2024 to 6/30/2025

HEALTH INSURANCE RATES

MEDICAL INSURANCE

BLUE CROSS BLUE SHIELD OF ARIZONA #045431

(855)845-1875

BASE PLAN

FY 2023/2024

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$62.57	\$750.84
Employee + Child(ren)	\$689.56	\$8,274.72
Employee + Spouse	\$928.00	\$11,136.00
Family	\$1,227.24	\$14,726.88
2-Emp Discount	\$523.78	\$6,285.36

FY 2024/2025

Employee Pays per Month	Employee Annual Total
\$75.00	\$900.00
\$752.70	\$9,032.40
\$995.37	\$11,944.44
\$1,315.04	\$15,780.48
\$642.09	\$7,705.08

BUY-UP PLAN

FY 2023/2024

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$156.98	\$1,883.76
Employee + Child(ren)	\$858.10	\$10,297.20
Employee + Spouse	\$1,123.87	\$13,486.44
Family	\$1,509.18	\$18,110.16
2-Emp Discount	\$756.10	\$9,073.20

FY 2024/2025

Employee Pays per Month	Employee Annual Total
\$190.13	\$2,281.56
\$952.10	\$11,425.20
\$1,227.13	\$14,725.56
\$1,596.47	\$19,157.64
\$886.96	\$10,643.52

HIGH DEDUCTIBLE PLAN

FY 2023/2024

Plan Type	Employee Pays per Month	Employee Annual Total
Single	\$0.00	\$0.00
Employee + Child(ren)	\$476.92	\$5,723.04
Employee + Spouse	\$646.90	\$7,762.80
Family	\$769.60	\$9,235.20
2-Emp Discount	\$392.50	\$4,710.00

FY 2024/2025

Employee Pays per Month	Employee Annual Total
\$0.00	\$0.00
\$484.56	\$5,814.72
\$657.36	\$7,888.32
\$787.90	\$9,454.80
\$400.74	\$4,808.88

FY 2023/2024

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

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

FY 2024/2025

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

PRESCRIPTIONS

(only if enrolled in FUSD medical plan)

CVS CAREMARK #3172

(877)456-0109



7/01/2024 to 6/30/2025

WELLNESS INCENTIVE PROGRAM

HEALTH PLAN DISCOUNT

\$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 - \$40.00/month deposited into .HSA

DENTAL INSURANCE

DELTA DENTAL #1505

(800)352-6132

FY 2023/2024

	Employee Pays per Month	Employee Annual Total
Base Single Plan	\$0.00	\$0.00
Base Family Plan	\$61.81	\$741.72
Base 2-Emp Discount	\$26.33	\$315.96

FY 2024/2025

Employee Pays per Month	Employee Annual Total
\$0.00	\$0.00
\$61.81	\$741.72
\$26.33	\$315.96

Buy-Up Single Plan	\$6.43	\$77.16
Buy-Up Family Plan	\$80.13	\$961.56
Buy-Up 2-Emp Discount	\$44.65	\$535.80

\$6.43	\$77.16
\$80.13	\$961.56
\$44.65	\$535.80

District Contributions	\$35.48	\$425.76
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\$35.48	\$425.76
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VISION INSURANCE

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

(800)877-7195

FY 2023/2024

	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

FY 2024/2025

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

District Contributions	\$1.40	\$16.80
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\$1.40	\$16.80
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