

INSURANCE CONTRIBUTION RATES

07/01/2015 to 06/30/2016

HEALTH INSURANCE

BLUE CROSS BLUE SHIELD OF ARIZONA #19676

(928) 526-0232

BASE PLAN

Plan Type	Premium Rate	District Pays	Employee Pays	Annual Total
Single	\$478.24	\$458.24	\$20.00	\$240.00
Family	\$1,186.82	\$458.24	\$728.58	\$8,742.96
2-Emp Discount*	\$1,186.82	\$916.48	\$270.34	\$3,244.08

BUY UP PLAN

Plan Type	Premium Rate	District Pays	Employee Pays	Annual Total
Single	\$518.76	\$458.24	\$60.52	\$726.24
Family	\$1,290.00	\$458.24	\$831.76	\$9,981.12
2-Emp Discount*	\$1,290.00	\$916.48	\$373.52	\$4,482.24

HDHP PLAN		District Pays			
Plan Type	Premium Rate	BCBS	.HSA	Employee Pays	Annual Total
Single	\$458.24	\$432.04	\$26.20	\$0.00	\$0.00
Family	\$1,095.32	\$432.04	\$26.20	\$637.08	\$7,644.96
2-Emp Discount*	\$1,095.32	\$864.08	\$52.40	\$178.84	\$2,146.08

WELLNESS INCENTIVE PROGRAM

COMPLETE LEVEL 1

\$120 Annual Discount on Health Insurance costs
 HDHP Plan - \$36.20/month deposited into .HSA

COMPLETE LEVELS 1 & 2

\$240 Annual Discount on Health Insurance costs
 HDHP Plan - \$46.20/month deposited into .HSA

COMPLETE LEVELS 1, 2 & 3

\$240 Annual Discount on Health Insurance costs
 \$120 Cash Incentive - Added to your paycheck (taxable) or deposited into your .FSA/.HSA

****Both employees must participate to qualify for WIP discount***

HEALTH EQUITY: Health Savings Account (.HSA)

1-866-346-5800

Only available if selecting the HDHP Health Plan
Maximum contribution medical: \$3,350; Family \$6,650

HEALTH EQUITY: Flexible Savings Accounts (.FSA)

1-866-960-8026

Medical FSA available with any medical insurance plan
Maximum contribution medical: \$2,500 Maximum contribution dependent care: \$5,000

CVS CAREMARK - Bin # 004336; PCN ADV; Group # RX3172

1-877-456-0109

Employees covered by BCBS have CVS Caremark as their prescription billing company. Please show your CVS Caremark card to your prescription provider to prove you have coverage. CVS Caremark has a mail order prescription service. Pay 2 co-pays for a 3 month supply. Log on to www.caremark.com/faststart or call 1-800-875-0867. CVS Caremark is the prescription billing company but you can get a prescription at any pharmacy you choose.

DELTA DENTAL #1505

1-800-352-6132

	Delta Rate	Employee Pays	Annual Total
Single Plan	\$31.98	\$0.00	\$0.00
Family Plan	\$85.76	\$53.78	\$645.36
2-Emp Discount	\$85.76	\$21.80	\$261.60

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

1-800-872-2214

	VSP Rate	Employee Pays	Annual Total
Exam Only Core Plan	\$1.40	\$0.00	\$0.00
Employee Buy Up Plan	\$7.18	\$5.78	\$69.36
Family Buy Up Plan	\$16.02	\$14.62	\$175.44

LIFE INSURANCE - Minnesota Life #33585 DIVISION 5

1-866-293-6047

Based on position and salary; contribution paid by FUSD

VOLUNTARY LIFE - Minnesota Life #33585 DIVISION 5

1-877-282-1752

Additional life insurance for employees and dependents; optional

ARIZONA STATE RETIREMENT

1-800-621-3778

www.azasrs.gov

ASRS

ASRS LTD

Pre-tax

After-tax

Employee:

11.35% Paid by Employee

.12% Paid by Employee

Contribution matched by District.

Alternate Contribution Rate (ACR) 9.36% Paid by District for Retirees

SHORT TERM DISABILITY - ASSURANT #7002304

1-800-232-9642

Paid by Employee; optional

Employee selects products and amounts