

**FLAGSTAFF HOUSING AUTHORITY HEALTH INSURANCE RATES EFFECTIVE
07/01/2009 THROUGH 06/30/2010**

Monthly Costs	HEALTH			DENTAL	VISION
	BC/BS			DELTA	VSP
COVERAGE	BASE PLAN	BUY UP PLAN	HDHP/HSA PLAN		
Employee	\$428.60	\$454.08	\$384.48	\$32.86	\$7.25
Family	\$662.76	\$702.16	\$581.66	\$55.38	\$8.33
HSA Contribution			\$44.12		
Total Family Rate	\$1,091.36	\$1,156.24	\$1,010.26	\$88.24	\$15.58
Employee Share	\$265.10	\$329.98	\$184.00	\$22.15	\$3.33
HA Share	\$826.26	\$826.26	\$826.26	\$66.09	\$12.25
INSURANCE DEDUCTIONS PER PAY PERIOD					
Employee Only	\$0.00	\$12.74	\$0.00	\$0.00	\$0.00
Family	\$132.55	\$164.99	\$92.00	\$11.08	\$1.67
CHANGE IN INSURANCE DEDUCTIONS PER PAY PERIOD					
New Employee Only	\$0.00	\$12.74	\$0.00	\$0.00	\$0.00
Current Employee Only	\$0.00	\$12.74	\$0.00	\$0.00	\$0.00
Increase per Pay Period	\$0.00	(\$0.00)	\$0.00	\$0.00	\$0.00
New Family	\$132.55	\$164.99	\$92.00	\$11.08	\$1.67
Current Family	\$132.55	\$164.99	\$92.00	\$10.83	\$1.62
Change per Pay Period	\$0.00	\$0.00	\$0.00	\$0.25	\$0.05