

FLAGSTAFF UNIFIED SCHOOL DISTRICT #1
July 1, 2009 to June 30, 2010

MEDICAL WITH BLUE CROSS BLUE SHIELD OF ARIZONA #19676 (928) 526-0232

PICK ONE OF THREE PLANS FOR MEDICAL

BASE PLAN			
\$500/1000 deductible	MONTHLY	12 MONTH TOTAL	PAID BY
Employee:	\$428.60	\$5,143.20	Paid by District
Dependents:	\$662.76	\$7,953.12	Paid by Employee
Two Employee Discount:	\$662.76 - \$428.60 = \$234.16	\$2,809.92	Paid by Employee

BUY-UP PLAN			
\$250/500 deductible	MONTHLY	12 MONTH TOTAL	PAID BY
Employee:	\$454.08 - \$25.48 = \$428.60	\$5,143.20	Paid by District
	\$454.08 - \$428.60 = \$25.48	\$305.76	Paid by Employee
Dependents:	\$702.16 + \$25.48 = \$727.64	\$8,731.68	Paid by Employee
Two Employee Discount:	\$727.64 - \$428.60 = \$299.04	\$3,588.48	Paid by Employee

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) or SAVER PLAN			
\$1250/2500 deductible	MONTHLY	12 MONTH TOTAL	PAID BY
Employee: \$428.60	\$428.60 - \$44.12 = \$384.48	\$4,613.76	Paid by District
	\$428.60 - \$384.48 = \$44.12	\$529.44	Paid by District into HSA/FSA
Dependents:	\$581.66	\$6,979.92	Paid by Employee
Two Employee Discount:	\$581.66 - \$384.48 = \$197.18	\$2,366.16	Paid by Employee
	\$44.12 + \$44.12 = \$88.24	\$1,058.88	Paid by District into HSA/FSA
Employee may elect additional amount to be deposited into HSA			

HSA WITH HEALTH EQUITY 1-866-346-5800

Maximum contribution: Single \$2900.00 Family \$5800.00

FSA WITH ASI 1-800-659-3035

Maximum contribution for General Purpose or Limited Purpose Health Care is \$2,500.00

Maximum contribution for Dependent Care is \$5,000.00

DENTAL WITH DELTA DENTAL #1505-0001 1-800-352-6132

	MONTHLY	12 MONTH TOTAL	PAID BY
Employee:	\$30.16	\$361.92	Paid by District
Dependents:	\$50.82	\$609.84	Paid by Employee
Two Employee Discount:	\$50.82 - \$30.16 = \$20.66	\$247.92	Paid by Employee

VISION WITH VSP #12239817, Core #003, Buy-Up #0004 1-800-877-7195

	MONTHLY	12 MONTH TOTAL	PAID BY
Employee Core:	\$1.42	\$17.04	Paid by District
Employee Buy-Up:	\$7.25 - \$1.42 = \$5.83	\$69.96	Paid by Employee
Family Buy-Up:	\$15.58 - \$1.42 = \$14.16	\$169.92	Paid by Employee

LIFE WITH MINNESOTA LIFE #33585 Division 5 1-800-293-6047

District Policy	Based on position and salary	Paid by District
Voluntary Policy	Available for employee, spouse and children	Paid by Employee
Voluntary Policy	Annual enrollment, employees who are enrolled will have the opportunity to increase their coverage by \$10,000 year - No health questions or medical exams required (guaranteed limit of \$100,000)	Paid by Employee