

FLAGSTAFF UNIFIED SCHOOL DISTRICT #1

July 1, 2011 to June 30, 2012

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

PICK ONE OF THREE PLANS FOR MEDICAL

Cost Sharing For Employee - Historically, NAPEBT Employers funded 100% of the employee base level monthly premium. The NAPEBT Employers cannot continue to cover the full cost of employee insurance and \$20.00 monthly fee will be passed on to employees. FUSD will waive the \$20.00 monthly cost share amount for 2011-2012 only.

Employee Premium Holiday - FUSD#1 will cover 1 month premium for the dependent/buy-up cost and employee will pay 11 months premium.

BASE PLAN			
\$750/1500 deductible	MONTHLY	12 MONTH TOTAL	PAID BY
Employee:	\$452.78	\$5,433.36	Paid by District
Cost Share Amount:	\$20.00	\$240.00	Paid by District for 2011-2012 only
Employee:	\$0.00	\$0.00	Paid by Employee
Total Employee Cost	\$472.78	\$5,673.36	Total
Dependents:	\$731.04	\$8,772.48	Paid by Employee
Total Cost	\$1,203.82	\$14,685.84	Total
Two Employee Discount:	731.04 - \$472.78 = \$258.26	\$3,459.12	Paid by Employee

BUY-UP PLAN			
\$500/1000 deductible	MONTHLY	12 MONTH TOTAL	PAID BY
Employee:	\$514.58 - \$61.80 = \$452.78	\$5,433.36	Paid by District
Employee:	\$514.58 - \$452.78 = \$61.80	\$741.60	Paid by Employee
Dependents:	\$795.70 + \$61.80 = \$857.50	\$10,290.00	Paid by Employee
Two Employee Discount:	\$857.50 - \$452.78 = \$404.72	\$4,856.64	Paid by Employee

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) or SAVER PLAN			
\$1250/2500 deductible	MONTHLY	12 MONTH TOTAL	PAID BY
Employee: \$428.60	\$452.78 - \$27.68 = \$425.10	\$5,101.20	Paid by District
	\$452.78 - \$425.10 = \$27.68	\$332.16	Paid by District into HSA/FSA
Dependents:	\$657.30	\$7,887.60	Paid by Employee
Two Employee Discount:	\$657.30 - \$425.10 = \$232.20	\$2,786.40	Paid by Employee
	\$27.68 + \$27.68 = \$55.36	\$664.32	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 \$3050.00 Family \$6150.00

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:	\$30.60	\$367.20	Paid by District
Dependents:	\$51.52	\$618.24	Paid by Employee
Two Employee Discount:	\$51.52 - \$30.60 = \$20.92	\$251.04	Paid by Employee

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

	MONTHLY	12 MONTH TOTAL	PAID BY
Employee Core:	\$1.37	\$16.44	Paid by District
Employee Buy-Up:	\$6.97 - \$1.37 = \$5.60	\$67.20	Paid by Employee
Family Buy-Up:	\$14.97 - \$1.37 = \$13.60	\$163.20	Paid by Employee

LIFE WITH MINNESOTA LIFE #33585 Division 5 1-800-872-2214

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 each year - No health questions or medical exams required (up to guaranteed limit of \$100,000)	Paid by Employee