

INSURANCE COST - 2022/2023 FY

	TOTAL ANNUAL PLAN COST	DISTRICT CONTRIBUTION	EMPLOYEE ANNUAL CONTRIBUTION	*EMPLOYEE COST PER PAY PERIOD	NOTES
MEDICAL INSURANCE OPTIONS - UNITED HEALTHCARE					
HIGH DEDUCTIBLE HEALTH PLAN HDHP I - WITH HEALTH SAVINGS ACCOUNT (HSA) - AKA 2800 HDHP					
				20 DED	*H.S.A. Contribtuion by District with WellStyles wellness program. (\$800 Employee only tier) (\$400 all other tiers) Pharmacy\$0/\$30/\$50 DED \$2,800/\$5,600 Max Out of Pocket \$4,500/\$9,000
EMPLOYEE	\$6,420.00	\$6,420.00	\$0.00	\$0.00	
EMP + SPOUSE	\$11,107.44	\$6,900.00	\$4,207.44	\$210.38	
EMP + CHILD(REN)	\$9,024.00	\$6,900.00	\$2,124.00	\$106.20	
EMP + FAMILY	\$15,794.88	\$6,900.00	\$8,894.88	\$444.75	
^DUAL SPOUSE + FAMILY	\$15,794.88	\$13,800.00	\$1,994.88	\$99.75	
PPO BASE PLAN					
					****Earn up to \$400 by participating in WellStyles wellness program. HSA N/A. Pharmacy\$0/\$30/\$50 DED \$750/\$2,250 Primary Care Co-Pay \$20/\$35 Specialist Care Co-Pay \$40/\$55 Max Out of Pocket \$4,500/\$9,000
EMPLOYEE	\$8,156.04	\$6,900.00	\$1,256.04	\$62.81	
EMP + SPOUSE	\$15,100.44	\$6,900.00	\$8,200.44	\$410.03	
EMP + CHILD(REN)	\$13,711.56	\$6,900.00	\$6,811.56	\$340.58	
EMP + FAMILY	\$21,350.52	\$6,900.00	\$14,450.52	\$722.53	
^DUAL SPOUSE + FAMILY	\$21,350.52	\$13,800.00	\$7,550.52	\$377.53	
LIFE/AD&D INSURANCE - Sun Life					
Benefit: 1 x Annual Salary	Varies	Fully Paid by District; Rate depends on individual salary.	\$0.00	\$0.00	

2021 Calendar Year Annual Maximum HSA contribution: Self only \$3,650; Family \$7,300 (Individuals over age 55 may contribute an additional \$1,000 or \$4,650/\$8,300)

*Per pay period cost will vary for employees who begin coverage on or after August 1st, as amounts are prorated evenly over employee's remaining pays.

** 20 Deductions - All health benefits deductions are taken over 20 pay periods during the school year.

*** Employees on the HDHP I employee only tier are eligible to receive up to \$800.00 in District Contributions. The District will preload up to \$400.00 into eligible accounts which is pro-rated based on start date. To receive the additional \$400.00 at the end of the plan year, eligible employees must complete activites as defined in the Wellstyles Program.

**** Employees on the PPO BASE PLAN can earn up to \$400.00 at the end of the plan year by completing activites as defined in the WellStyles wellness program.

^DUAL SPOUSE+FAMILY - District contribution = (2*\$6,900). Reserved for spouses who are benefits eligible in the District. Each employee is eligible for up \$400 wellness incentive.

Amounts shown above represent annual amounts over 12 months, July 1 - June 30.

Employees with coverage beginning August 1st or after will be prorated accordingly.

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	TOTAL ANNUAL PLAN COST	DISTRICT CONTRIBUTION	EMPLOYEE ANNUAL CONTRIBUTION	*EMPLOYEE COST PER PAY PERIOD	NOTES
DENTAL INSURANCE OPTIONS					
DELTA DENTAL OF ARIZONA - GROUP PLAN 3					
EMPLOYEE	\$540.12	\$540.12	\$0.00	**20 DED \$0.00	3 levels of coverage based on dental network PPO Network 100%/90%/60% Premier Network 100%/80%/50% Out of Network 100%/80%/50% Preventive Services do not apply to annual max Adult Orthodontics
EMP + SPOUSE	\$1,080.36	\$540.12	\$540.24	\$27.02	
EMP + CHILD(REN)	\$1,134.36	\$540.12	\$594.24	\$29.72	
EMP + FAMILY	\$1,620.48	\$540.12	\$1,080.36	\$54.02	
^^DUAL SPOUSE + FAMILY	\$1,620.48	\$1,080.24	\$540.24	\$27.02	
Cigna DHMO					
EMPLOYEE	\$119.40	\$119.40	\$0.00	\$0.00	In-network discount Dentist must be selected at enrollment
EMP + SPOUSE	\$236.16	\$236.16	\$0.00	\$0.00	
EMP + CHILD(REN)	\$264.72	\$264.72	\$0.00	\$0.00	
EMP + FAMILY	\$290.52	\$290.52	\$0.00	\$0.00	
VISION BENEFITS - United Health Care					
EMPLOYEE	\$69.24	\$0.00	\$69.24	\$3.47	4 tier structure
EMP + SPOUSE	\$138.48	\$0.00	\$138.48	\$6.93	
EMP + CHILD(REN)	\$148.08	\$0.00	\$148.08	\$7.41	
EMP + FAMILY	\$236.76	\$0.00	\$236.76	\$11.84	
VOLUNTARY OPTIONAL LIFE INSURANCE					
Sun Life	Cost Varies	\$0.00	RATES BASED ON AGE AND COVERAGE SELECTION		Subject to Evidence of Insurability (EOI)
VOLUNTARY SHORT-TERM DISABILITY INSURANCE					
Sun Life	Cost Varies	\$0.00	RATES BASED ON SELECTION		ELIMINATION PERIOD: 14 Days
FLEXIBLE SPENDING PLAN - BASIC FLEX PLAN					
Flexible Spending Plans (Cafeteria Plan) available for Medical and Dependent Care Reimbursements Maximum Annual Medical Reimbursement Amount an Employee may elect is \$2,850. Maximum Annual Dependent Care/Day Care Reimbursement Amount an Employee may elect is \$2,500 for single or \$5,000 for married filing jointly.					

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** 20 Deductions - All health benefits deductions are taken over 20 pay periods during the school year.

^^DUAL SPOUSE + FAMILY - District contribution = 2*540.12. Reserved for spouses who are benefits eligible in the District.