



**All Employee  
Insurance Rate Schedule (20 Pay Periods)  
July 1, 2024 - June 30, 2025**

COVERAGE	TOTAL Carrier RATE	DISTRICT'S <u>MONTHLY</u> COST	EMPLOYEE'S <u>MONTHLY</u> COST	EMPLOYEE'S <u>PER PAY PERIOD</u> COST
<b>MEDICAL</b>				
<b>ASBAIT - HDHP-C w/HSA (Banner \$4,500/Choice \$5,000)</b>				
Employee	\$ 727.50	\$ 687.50	\$ 40.00	\$ 24.00
Employee + Spouse	\$ 1,511.50	\$ 687.50	\$ 824.00	\$ 494.40
Employee + Child(ren)	\$ 1,402.50	\$ 687.50	\$ 715.00	\$ 429.00
Employee + Family	\$ 2,098.50	\$ 687.50	\$ 1,411.00	\$ 846.60
<b>MEDICAL</b>				
<b>ASBAIT - Value Bronze (Banner \$1,400/Choice \$2,000)</b>				
Employee	\$ 825.00	\$ 687.50	\$ 137.50	\$ 82.50
Employee + Spouse	\$ 1,717.00	\$ 687.50	\$ 1,029.50	\$ 617.70
Employee + Child(ren)	\$ 1,593.00	\$ 687.50	\$ 905.50	\$ 543.30
Employee + Family	\$ 2,386.00	\$ 687.50	\$ 1,698.50	\$ 1,019.10
<b>MEDICAL</b>				
<b>ASBAIT - Value Silver (Banner \$800/Choice \$1,000)</b>				
Employee	\$ 859.00	\$ 687.50	\$ 171.50	\$ 102.90
Employee + Spouse	\$ 1,788.00	\$ 687.50	\$ 1,100.50	\$ 660.30
Employee + Child(ren)	\$ 1,657.00	\$ 687.50	\$ 969.50	\$ 581.70
Employee + Family	\$ 2,483.00	\$ 687.50	\$ 1,795.50	\$ 1,077.30
<b>MEDICAL</b>				
<b>ASBAIT - Classic Gold (Banner \$240/Choice \$300)</b>				
Employee	\$ 1,016.00	\$ 687.50	\$ 328.50	\$ 197.10
Employee + Spouse	\$ 2,113.00	\$ 687.50	\$ 1,425.50	\$ 855.30
Employee + Child(ren)	\$ 1,960.00	\$ 687.50	\$ 1,272.50	\$ 763.50
Employee + Family	\$ 2,934.00	\$ 687.50	\$ 2,246.50	\$ 1,347.90
<b>Voluntary DENTAL (DHMO) - EDS</b>				
Employee	\$ 9.36	\$ -	\$ 9.36	\$ 5.62
Employee + Spouse	\$ 18.65	\$ -	\$ 18.65	\$ 11.19
Employee + Child(ren)	\$ 24.37	\$ -	\$ 24.37	\$ 14.62
Employee + Family	\$ 28.09	\$ -	\$ 28.09	\$ 16.85
<b>Voluntary DENTAL PPO - BCBSAZ</b>				
Employee	\$ 39.67	\$ -	\$ 39.67	\$ 23.80
Employee + Spouse	\$ 81.05	\$ -	\$ 81.05	\$ 48.63
Employee + Child(ren)	\$ 91.40	\$ -	\$ 91.40	\$ 54.84
Employee + Family	\$ 149.63	\$ -	\$ 149.63	\$ 89.78
<b>Voluntary VISION - AVESIS</b>				
Employee	\$ 7.65	\$ -	\$ 7.65	\$ 4.59
Employee + Spouse	\$ 12.42	\$ -	\$ 12.42	\$ 7.45
Employee + Child(ren)	\$ 16.49	\$ -	\$ 16.49	\$ 9.89
Employee + Family	\$ 22.34	\$ -	\$ 22.34	\$ 13.40

**FLEXIBLE SPENDING ACCOUNT - FULL MEDICAL Healthcare FSA**

Employees enrolled in the **Value Bronze, Value Silver, Classic Gold medical plans** can contribute up to \$3,200 annually towards the FSA account to help cover out of pocket medical, dental and vision costs on a pre-tax basis.

**FLEXIBLE SPENDING ACCOUNT - DEPENDENT CARE**

You can contribute up to \$5,000 annually towards the dependent care account to help cover out of pocket day care expenses on a pre-tax basis. If you are married and tax filing separate your annual contribution is \$2,500. Employees may be enrolled in any medical plan.

**HEALTH SAVINGS ACCOUNT (HSA) -Requires enrollment in the Medical HDHP-C Plan**

HDHP-C w/HSA enrolled employees can contribute up to IRS maximum of \$4,150 for Single enrolled / \$8,300 Family enrolled, with a \$1,000 additional Age 55 years or older Catch-up contribution on a pre-tax basis. HSA funds may be used for qualified medical, dental and vision expenses.

**FLEXIBLE SPENDING ACCOUNT - "LIMITED Healthcare FSA"**

HDHP-C w/HSA enrolled employees can open a "LIMITED Healthcare FSA" and contribute up to \$3,200 annually towards the out of pocket "Dental and Vision costs only" on a pre-tax basis. Please be aware this is the IRS "Use-It or Lose-It" plan. The **HSA is used for Medical expenses only**. If you elect a Limited Healthcare FSA, it may only be used for Dental and Vision expenses.

**VOLUNTARY/OPTIONAL LIFE/AD&D - LINCOLN FINANCIAL GROUP**

The District provides \$50,000 of Basic Life/AD&D. You have the option to buy up additional coverage. Please see optional rates.

**OPTIONAL INDIVIDUAL PRODUCTS AVAILABLE - AFLAC**

Often referred to as paycheck protection. Aflac pays cash benefits directly to you when you seek eligible medical services for a covered injury/illness, or for time off of work due to an eligible disability.