

Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
<b>Medical Classic Gold Banner</b>				
EMPLOYEE Only	\$ 447.90	\$ 364.90	\$ 83.00	\$ 49.80
EMPLOYEE + SPOUSE	\$ 886.90	\$ 364.90	\$ 522.00	\$ 313.20
EMPLOYEE+ CHILD	\$ 823.90	\$ 364.90	\$ 459.00	\$ 275.40
EMPLOYEE + FAMILY	\$ 1,197.90	\$ 364.90	\$ 833.00	\$ 499.80
<b>Medical Classic Silver Banner</b>				
EMPLOYEE Only	\$ 427.90	\$ 364.90	\$ 63.00	\$ 37.80
EMPLOYEE + SPOUSE	\$ 846.90	\$ 364.90	\$ 482.00	\$ 289.20
EMPLOYEE + CHILD	\$ 786.90	\$ 364.90	\$ 422.00	\$ 253.20
EMPLOYEE + FAMILY	\$ 1,143.90	\$ 364.90	\$ 779.00	\$ 467.40
<b>Medical HDHP \$1,350 Banner</b>				
EMPLOYEE Only	\$ 381.57	\$ 364.90	\$ 16.67	\$ 10.00
EMPLOYEE + SPOUSE	\$ 703.40	\$ 364.90	\$ 338.50	\$ 203.10
EMPLOYEE + CHILD	\$ 654.40	\$ 364.90	\$ 289.50	\$ 173.70
EMPLOYEE + FAMILY	\$ 949.40	\$ 364.90	\$ 584.50	\$ 350.70
<b>EDS Dental Plan</b>				
EMPLOYEE Only	\$ 8.76	\$ 8.76	\$ -	\$ 0
EMPLOYEE + SPOUSE	\$ 17.05	\$ 8.76	\$ 8.29	\$ 4.97
EMPLOYEE + CHILD	\$ 22.76	\$ 8.76	\$ 14.00	\$ 8.40
EMPLOYEE + FAMILY	\$ 25.39	\$ 8.76	\$ 16.63	\$ 9.98
<b>Delta Dental Plan</b>				
EMPLOYEE Only	\$ 38.15	\$ 8.76	\$ 29.39	\$ 17.63
EMPLOYEE + SPOUSE	\$ 78.25	\$ 8.76	\$ 69.49	\$ 41.69
EMPLOYEE + CHILD	\$ 80.31	\$ 8.76	\$ 71.55	\$ 42.93
EMPLOYEE + FAMILY	\$ 104.37	\$ 8.76	\$ 95.61	\$ 57.37
<b>EyeMed Vision</b>				
EMPLOYEE Only	\$ 6.26	\$ -	\$ 6.26	\$ 3.76
EMPLOYEE + SPOUSE	\$ 11.83	\$ -	\$ 11.83	\$ 7.10
EMPLOYEE + CHILD	\$ 12.47	\$ -	\$ 12.47	\$ 7.48
EMPLOYEE + FAMILY	\$ 18.25	\$ -	\$ 18.25	\$ 10.95

If you enroll in the High Deductible Health Plan, the District will make a monthly contribution to the employee's Health Savings Account (H.S.A) in the amount of \$24.17 per month (\$14.50 per pay period).

For active employees enrolled in the HDHP the District will pay the H.S.A. monthly administrative fee.



Coverage Type	Total Monthly Rate	Employee Cost Per Pay Period (20 Deductions)
<b>Plan Option # 1 – Select 2000 II</b>		
1 Pet	\$ 9.60	\$ 5.76
2 Pets	\$ 18.24	\$ 10.94
3 Pets	\$ 26.76	\$ 16.06
4 Pets	\$ 35.20	\$ 21.12
<b>Plan Option # 2 - Choice 2000 II</b>		
1 Pet	\$ 11.66	\$ 7.00
2 Pets	\$ 22.24	\$ 13.34
3 Pets	\$ 32.58	\$ 19.55
4 Pets	\$ 42.78	\$ 25.67

## INSURANCE COVERAGE/PLAN INQUIRIES

The Employee Benefits Center is located under the “Employment” tab on the home page of the District website

COMPANY NAME	PHONE NUMBER	WEB SITE ADDRESS
Alliance Work Partners	800-343-3822	<a href="http://www.alliancewp.com">www.alliancewp.com</a>
ASBAIT Medical Insurance Claims Administration by Meritain	877-637-4824	<a href="http://www.mymeritain.com">www.mymeritain.com</a>
Optum RX (ScripWorld)	1-855-312-6103	<a href="http://www.optumrx.com">www.optumrx.com</a>
Health Savings Account (HSA) Administered by Health Equity	866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Teladoc	800-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
Arizona State Retirement System	800-621-3778(phx) 520-239-3100	<a href="http://www.azasrs.gov">www.azasrs.gov</a>
B.A.S.I.C. Flexible Spending Accounts	800-444-1922	<a href="http://www.basiconline.com">www.basiconline.com</a>
Delta Dental	800-352-6132	<a href="http://www.deltadentalaz.com">www.deltadentalaz.com</a>
Employers Dental Services	520-696-4343	<a href="http://www.mydentalplan.net">www.mydentalplan.net</a>
EyeMed Vision	866-723-0513	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Hartford Short-Term Disability Insurance	866-945-7801	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
The Standard Life Insurance	800-628-8600	<a href="http://www.standard.com">www.standard.com</a>
United Pet Care	877-872-8800	<a href="http://www.unitedpetcare.com">www.unitedpetcare.com</a>

