

2017-2018 Rates - Fulltime Employees

	Total Monthly Premium	Monthly District Contribution	Monthly Employee Contribution	Employee Contribution (Pay Period)			
				18 paychecks* (less than 12 month contract)	18 paychecks* Supervisors and Administrators	24 paychecks* (12 month contract)	24 paychecks* Supervisors and Administrators
OAP Medical (Cigna OAP Copay Plan)							
Employee Only	\$649.29	\$583.89	\$65.40	\$43.60	\$51.60	\$32.70	\$38.70
Employee & Spouse	\$1,338.93	\$583.89	\$755.04	\$503.36	\$511.36	\$377.52	\$383.52
Employee & Child(ren)	\$1,222.61	\$583.89	\$638.72	\$425.81	\$433.81	\$319.36	\$325.36
Employee & Family	\$1,651.18	\$583.89	\$1,067.28	\$711.52	\$719.52	\$533.64	\$539.64
HDHP 1500 (Cigna Choice HDHP 1500 Plan)							
Employee Only	\$552.15	\$541.25	\$10.90	\$7.27	\$15.27	\$5.45	\$11.45
Employee & Spouse	\$1,131.03	\$541.25	\$589.78	\$393.19	\$401.19	\$294.89	\$300.89
Employee & Child(ren)	\$1,033.36	\$541.25	\$492.11	\$328.07	\$336.07	\$246.06	\$252.06
Employee & Family	\$1,393.12	\$541.25	\$851.87	\$567.91	\$575.91	\$425.94	\$431.94
HDHP 2500 (Cigna Choice HDHP 2500 Plan)							
Employee Only	\$495.32	\$484.42	\$10.90	\$7.27	\$15.27	\$5.45	\$11.45
Employee & Spouse	\$1,010.03	\$484.42	\$525.61	\$350.41	\$358.41	\$262.81	\$268.81
Employee & Child(ren)	\$923.19	\$484.42	\$438.77	\$292.51	\$300.51	\$219.39	\$225.39
Employee & Family	\$1,243.04	\$484.42	\$758.62	\$505.75	\$513.75	\$379.31	\$385.31
CIGNA Dental HMO							
Employee Only	\$12.11	\$12.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$23.82	\$12.11	\$11.71	\$7.81	\$7.81	\$5.86	\$5.86
Employee & Child(ren)	\$26.69	\$12.11	\$14.58	\$9.72	\$9.72	\$7.29	\$7.29
Employee & Family	\$29.28	\$12.11	\$17.17	\$11.45	\$11.45	\$8.59	\$8.59
CIGNA Dental PPO							
Employee Only	\$39.75	\$12.11	\$27.64	\$18.43	\$18.43	\$13.82	\$13.82
Employee & Spouse	\$84.38	\$12.11	\$72.27	\$48.18	\$48.18	\$36.14	\$36.14
Employee & Child(ren)	\$86.85	\$12.11	\$74.74	\$49.83	\$49.83	\$37.37	\$37.37
Employee & Family	\$104.13	\$12.11	\$92.02	\$61.35	\$61.35	\$46.01	\$46.01
VSP							
Employee Only	\$6.87	\$6.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$14.17	\$6.87	\$7.30	\$4.87	\$4.87	\$3.65	\$3.65
Employee & Child(ren)	\$13.03	\$6.87	\$6.16	\$4.11	\$4.11	\$3.08	\$3.08
Employee & Family	\$17.45	\$6.87	\$10.58	\$7.05	\$7.05	\$5.29	\$5.29

*Deduction schedule is available online at www.mpsaz.org/benefits