

Flagler County Schools Insurance Rates (Two Employed Spouses)

September 1st, 2022 - August 31st, 2023

If the first check you receive is after 8/15/2022 or if your full-time hire date is 9/1/2022 or later the Per Pay Premium amount will be adjusted to reflect the annual cost of the eligible coverage over the remaining number of deductions in the plan year at the time of election.

Quantum & Florida Blue - H.S.A. Plan

| Level of Coverage | Total Cost (Board + Employee) | Board Contribution x 2 | Employee Premium (Monthly) | Employee Premium (Per Pay) |
|-------------------|-------------------------------|------------------------|----------------------------|----------------------------|
| H/W Family | \$1,867.73 | \$1,124.22 | \$743.51 | \$405.55 |

Quantum & Florida Blue - Standard Plan

| Level of Coverage | Total Cost (Board + Employee) | Board Contribution x 2 | Employee Premium (Monthly) | Employee Premium (Per Pay) |
|-------------------|-------------------------------|------------------------|----------------------------|----------------------------|
| H/W Family | \$1,907.47 | \$1,124.22 | \$783.25 | \$427.23 |

Quantum & Florida Blue - 7JP Premium Plan

| Level of Coverage | Total Cost (Board + Employee) | Board Contribution x 2 | Employee Premium (Monthly) | Employee Premium (Per Pay) |
|-------------------|-------------------------------|------------------------|----------------------------|----------------------------|
| H/W Family | \$2,426.98 | \$1,124.22 | \$1,302.76 | \$710.60 |

Florida Combined Life Dental - CoPay Plan

| Level of Coverage | Total Cost (Board + Employee) | Board Contribution x 2 | Employee Premium (Monthly) | 22 Deductions (Per Pay) |
|-------------------|-------------------------------|------------------------|----------------------------|-------------------------|
| Family | \$52.65 | \$40.56 | \$12.09 | \$6.59 |

Florida Combined Life Dental - PPO Plan

| Level of Coverage | Total Cost (Board + Employee) | Board Contribution x 2 | Employee Premium (Monthly) | 22 Deductions (Per Pay) |
|-------------------|-------------------------------|------------------------|----------------------------|-------------------------|
| Spouse + Spouse | \$54.66 | \$40.56 | \$14.10 | \$7.69 |
| Family | \$81.93 | \$40.56 | \$41.37 | \$22.57 |

Aetna Preferred Vision Plan

| Level of Coverage | Total Cost (Board + Employee) | Board Contribution x 2 | Employee Premium (Monthly) | 22 Deductions (Per Pay) |
|-------------------|-------------------------------|------------------------|----------------------------|-------------------------|
| Family | \$23.15 | \$11.20 | \$11.95 | \$6.52 |

Symetra Basic & Admin Life Insurance

| Level of Coverage | Total Cost (Board + Employee) | Board Contribution | Employee Premium (Monthly) | Employee Premium (Per Pay) |
|---------------------------|-------------------------------|--------------------|----------------------------|----------------------------|
| Basic Life \$20,000 | \$0.90 | \$0.90 | \$0.00 | \$0.00 |
| Basic Life Admin \$25,000 | \$1.13 | \$1.13 | \$0.00 | \$0.00 |

Symetra Dependent Life Insurance

| Level of Coverage | Total Cost (Board + Employee) | Board Contribution | Employee Premium (Monthly) | Employee Premium (Per Pay) |
|-------------------------|-------------------------------|--|----------------------------|----------------------------|
| Dependent Life Option 1 | \$1.49 | \$0.00 | \$1.49 | \$0.81 |
| Children Coverage Value | \$5,000.00 | *Children covered until the end-of-year of their 26th birthday | | |
| Dependent Life Option 2 | \$2.52 | \$0.00 | \$2.52 | \$1.37 |
| Children Coverage Value | \$5,000.00 | | | |
| Dependent Life Option 3 | \$5.67 | \$0.00 | \$5.67 | \$3.09 |
| Children Coverage Value | \$10,000.00 | | | |