

## Flagler County Schools Insurance Rates

September 1st, 2022 - August 31st, 2023

**\*\* RATES BELOW ASSUME 22 DEDUCTIONS - If you are a late start, the premium(s) will be HIGHER \*\***

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

Level of Coverage	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	Employee Premium (Per Pay)
Employee	\$629.05	\$562.11	\$66.94	\$36.51
Employee & Spouse	\$1,539.53	\$562.11	\$977.42	\$533.14
Employee & Child(ren)	\$1,459.25	\$562.11	\$897.14	\$489.35
Family	\$1,867.73	\$562.11	\$1,305.62	\$712.16

### Quantum & Florida Blue - Standard Plan

Level of Coverage	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	Employee Premium (Per Pay)
Employee	\$650.87	\$562.11	\$88.76	\$48.41
Employee & Spouse	\$1,572.30	\$562.11	\$1,010.19	\$551.01
Employee & Child(ren)	\$1,490.38	\$562.11	\$928.27	\$506.33
Family	\$1,907.47	\$562.11	\$1,345.36	\$733.83

### Quantum & Florida Blue - 7JP Premium Plan

Level of Coverage	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	Employee Premium (Per Pay)
Employee	\$846.01	\$562.11	\$283.90	\$154.85
Employee & Spouse	\$2,001.20	\$562.11	\$1,439.09	\$784.96
Employee & Child(ren)	\$1,897.12	\$562.11	\$1,335.01	\$728.19
Family	\$2,426.98	\$562.11	\$1,864.87	\$1,017.20

### Florida Combined Life Dental - CoPay Plan

Level of Coverage	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	Employee Premium (Per Pay)
Employee	\$18.28	\$18.28	\$0.00	\$0.00
Employee + 1 Dependent	\$35.12	\$20.28	\$14.84	\$8.09
Family	\$52.65	\$20.28	\$32.37	\$17.66

### Florida Combined Life Dental - PPO Plan

Level of Coverage	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	Employee Premium (Per Pay)
Employee	\$30.78	\$20.28	\$10.50	\$5.73
Employee + 1 Dependent	\$54.66	\$20.28	\$34.38	\$18.75
Family	\$81.93	\$20.28	\$61.65	\$33.63

### Aetna Preferred Vision Plan

Level of Coverage	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	Employee Premium (Per Pay)
Employee	\$5.60	\$5.60	\$0.00	\$0.00
Employee & Spouse	\$13.73	\$5.60	\$8.13	\$4.43
Employee & Child(ren)	\$16.31	\$5.60	\$10.71	\$5.84
Family	\$23.15	\$5.60	\$17.55	\$9.57

### 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
Spouse Coverage Value	\$10,000.00	* Guaranteed Value		
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
Spouse Coverage Value	\$20,000.00	* Must have a total of \$40,000 in life insurance (2x Spouse Coverage)		
Children Coverage Value	\$5,000.00			
Dependent Life Option 3	\$5.67	\$0.00	\$5.67	\$3.09
Spouse Coverage Value	\$50,000.00	* Must have a total of \$100,000 in life insurance (2x Spouse Coverage)		
Children Coverage Value	\$10,000.00	*Spouse must Complete an EOI		