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 **

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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
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	Quantum	& Florida Blue - 7JP P	remium 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 C	ombined 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	DDO Dian	
		Combined Ene Bentar	- FFO FIAII	
Level of Coverage	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	Employee Premium (Per Pay)
Level of Coverage Employee	i	1	i	Employee Premium (Per Pay) \$5.73
	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	` • •
Employee	Total Cost (Board + Employee) \$30.78	Board Contribution \$20.28	Employee Premium (Monthly) \$10.50	\$5.73
Employee + 1 Dependent	Total Cost (Board + Employee) \$30.78 \$54.66	Sourd Contribution \$20.28 \$20.28	Employee Premium (Monthly) \$10.50 \$34.38	\$5.73 \$18.75
Employee + 1 Dependent	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93	Sourd Contribution \$20.28 \$20.28	\$10.50 \$34.38 \$61.65	\$5.73 \$18.75
Employee + 1 Dependent	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93	\$20.28 \$20.28 \$20.28 \$20.28	\$10.50 \$34.38 \$61.65	\$5.73 \$18.75 \$33.63
Employee Employee + 1 Dependent Family	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93	\$20.28 \$20.28 \$20.28 \$20.28	### Employee Premium (Monthly) \$10.50 \$34.38 \$61.65	\$5.73 \$18.75 \$33.63
Employee Employee + 1 Dependent Family Level of Coverage	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee)	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly)	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay)
Employee Employee + 1 Dependent Family Level of Coverage Employee	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 etna Preferred Vision Board Contribution \$5.60	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00
Employee + 1 Dependent Family Level of Coverage Employee Employee & Spouse	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 etna Preferred Vision Board Contribution \$5.60 \$5.60	### Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43
Employee Employee + 1 Dependent Family Level of Coverage Employee Employee & Spouse Employee & Child(ren)	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 A Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 ***Etna Preferred Vision **Board Contribution \$5.60 \$5.60 \$5.60	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84
Employee Employee + 1 Dependent Family Level of Coverage Employee Employee & Spouse Employee & Child(ren)	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 ***Etna Preferred Vision **Board Contribution \$5.60 \$5.60 \$5.60	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84
Employee Employee + 1 Dependent Family Level of Coverage Employee Employee & Spouse Employee & Child(ren)	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 setna Preferred Vision Board Contribution \$5.60 \$5.60 \$5.60	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84
Employee Employee + 1 Dependent Family Level of Coverage Employee Employee & Spouse Employee & Child(ren) Family	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symetri	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 setna Preferred Vision Board Contribution \$5.60 \$5.60 \$5.60 \$5.60	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57
Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 A Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symetric Total Cost (Board + Employee)	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 setna Preferred Vision Board Contribution \$5.60 \$5.60 \$5.60 \$5.60	Employee Premium (Monthly)	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57
Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage Employee & Child(ren) Family	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symeti Total Cost (Board + Employee) \$0.90 \$1.13	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 \$20.28 setna Preferred Vision Board Contribution \$5.60 \$5.60 \$5.60 \$5.60 \$5.60 \$1.13	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55 Insurance Employee Premium (Monthly) \$0.00 \$0.00	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57 Employee Premium (Per Pay)
Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage Employee & Child(ren) Family	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symetr Total Cost (Board + Employee) \$0.90 \$1.13	## Sparse Contribution ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## Preferred Vision ## Board Contribution ## \$5.60 ## \$5.60 ## \$5.60 ## Board Contribution ## Board Contribution ## \$0.90 ## \$1.13 ## Preferred Vision ## \$1.13	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57 Employee Premium (Per Pay) \$0.00 \$0.00
Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage Basic Life \$20,000 Basic Life Admin \$25,000 Level of Coverage	Total Cost (Board + Employee)	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 **etna Preferred Vision Board Contribution \$5.60 \$5.60 \$5.60 \$5.60 **a Basic & Admin Life Board Contribution \$0.90 \$1.13 **etra Dependent Life In Board Contribution	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55 Insurance Employee Premium (Monthly) \$0.00 \$0.00	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57 Employee Premium (Per Pay) \$0.00 \$0.00 \$1.00
Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage Basic Life \$20,000 Basic Life Admin \$25,000 Level of Coverage Dependent Life Option 1	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 A Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symetr Total Cost (Board + Employee) \$0.90 \$1.13 Symetr Total Cost (Board + Employee) \$1.49	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 \$20.28 **Setna Preferred Vision Board Contribution \$5.60 \$5.60 \$5.60 \$1.60 \$5.40 \$5.60 \$5.60 \$5.60 **Setna Basic & Admin Life Board Contribution \$0.90 \$1.13 **Setra Dependent Life In Board Contribution \$0.00	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57 Employee Premium (Per Pay) \$0.00 \$0.00
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Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage Basic Life \$20,000 Basic Life Admin \$25,000 Level of Coverage Dependent Life Option 1 Spouse Coverage Value Children Coverage Value	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 A Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symetr Total Cost (Board + Employee) \$0.90 \$1.13 Symetr Total Cost (Board + Employee) \$1.49	### Spard Contribution \$20.28 \$20.28 \$20.28 \$20.28 \$20.28 #### Spard Contribution \$5.60 \$5.60 \$5.60 \$5.60 \$1.13 ##################################	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55 Insurance Employee Premium (Monthly) \$0.00 \$0.00	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57 Employee Premium (Per Pay) \$0.00 \$0.00 \$0.00
Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage Basic Life \$20,000 Basic Life Admin \$25,000 Level of Coverage Dependent Life Option 1 Spouse Coverage Value	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symetr Total Cost (Board + Employee) \$0.90 \$1.13 Symetr Total Cost (Board + Employee) \$1.49 \$10,000.00	\$20.28 \$20.28 \$20.28 \$20.28 \$20.28 \$20.28 setna Preferred Vision Board Contribution \$5.60 \$5.60 \$5.60 \$5.60 \$1.13 Source Contribution \$0.90 \$1.13 Source Contribution \$0.90 \$1.00 *Guaranteed Value	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55 Insurance Employee Premium (Monthly) \$0.00 \$0.00 \$1.49	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57 Employee Premium (Per Pay) \$0.00 \$0.00 \$0.00
Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage Basic Life \$20,000 Basic Life Admin \$25,000 Level of Coverage Dependent Life Option 1 Spouse Coverage Value Children Coverage Value	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symeter Total Cost (Board + Employee) \$0.90 \$1.13 Symeter Total Cost (Board + Employee) \$0.90 \$1.49 \$10,000.00 \$5,000.00	## Source Contribution ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## Source Vision ## Board Contribution ## Source Contribution ## Sou	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55 Insurance Employee Premium (Monthly) \$0.00 \$0.00 \$1.49 the end-of-year of their 26th birtho	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57 Employee Premium (Per Pay) \$0.00 \$0.00 \$0.00
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Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage Basic Life \$20,000 Basic Life Admin \$25,000 Level of Coverage Dependent Life Option 1 Spouse Coverage Value Children Coverage Value Spouse Coverage Value	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symete Total Cost (Board + Employee) \$0.90 \$1.13 Symete Total Cost (Board + Employee) \$0.90 \$1.49 \$10,000.00 \$5,000.00 \$2.52 \$20,000.00	## Source Contribution ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## Source Vision ## Board Contribution ## Source Contribution ## Sou	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55 Insurance Employee Premium (Monthly) \$0.00 \$0.00 \$1.49 the end-of-year of their 26th birthor \$2.52	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57 Employee Premium (Per Pay) \$0.00 \$0.00 \$0.00
Employee Employee + 1 Dependent Family Level of Coverage Employee & Spouse Employee & Child(ren) Family Level of Coverage Basic Life \$20,000 Basic Life Admin \$25,000 Level of Coverage Dependent Life Option 1 Spouse Coverage Value Children Coverage Value Children Coverage Value Children Coverage Value Children Coverage Value	Total Cost (Board + Employee) \$30.78 \$54.66 \$81.93 Total Cost (Board + Employee) \$5.60 \$13.73 \$16.31 \$23.15 Symetr Total Cost (Board + Employee) \$0.90 \$1.13 Total Cost (Board + Employee) \$1.49 \$10,000.00 \$5,000.00 \$5,000.00 \$5,000.00	## Sound Contribution ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## \$20.28 ## ## \$20.28 ## ## ## ## ## ## ## ## ## ## ## ## ##	Employee Premium (Monthly) \$10.50 \$34.38 \$61.65 Plan Employee Premium (Monthly) \$0.00 \$8.13 \$10.71 \$17.55 Insurance Employee Premium (Monthly) \$0.00 \$0.00 \$14.49 the end-of-year of their 26th birthor \$2.52 40,000 in life insurance (2x Spous	\$5.73 \$18.75 \$33.63 Employee Premium (Per Pay) \$0.00 \$4.43 \$5.84 \$9.57 Employee Premium (Per Pay) \$0.00 \$0.00 \$0.00 Employee Premium (Per Pay) \$0.81