



VOLUSIA COUNTY SCHOOL DISTRICT COBRA - INSURANCE RATES 2021-2022

WITH admin fee



FLORIDA BLUE HRA		
LEVEL OF COVERAGE		MONTHLY PREMIUM
SINGLE		\$ 1,582.65
EMPLOYEE & CHILD(REN)		\$ 2,690.56
EMPLOYEE & SPOUSE		\$ 3,007.70
FAMILY		\$ 3,956.68



FLORIDA HEALTH CARE TRIPLE OPTION		
LEVEL OF COVERAGE		MONTHLY PREMIUM
SINGLE		\$ 649.82
EMPLOYEE & CHILD(REN)		\$ 1,104.69
EMPLOYEE & SPOUSE		\$ 1,234.67
FAMILY		\$ 1,624.59



FLORIDA HEALTH CARE HMO		
LEVEL OF COVERAGE		MONTHLY PREMIUM
SINGLE		\$ 640.49
EMPLOYEE & CHILD(REN)		\$ 1,088.81
EMPLOYEE & SPOUSE		\$ 1,216.90
FAMILY		\$ 1,601.22



FLORIDA HEALTH CARE POS*		
LEVEL OF COVERAGE		MONTHLY PREMIUM
SINGLE		\$ 584.77
EMPLOYEE & CHILD(REN)		\$ 994.08
EMPLOYEE & SPOUSE		\$ 1,111.05
FAMILY		\$ 1,461.97

Solstice DPO

SOLSTICE DENTAL DPO		
LEVEL OF COVERAGE		MONTHLY PREMIUM
SINGLE		\$ 25.97
EMPLOYEE PLUS 1		\$ 47.70
FAMILY		\$ 64.32

Solstice DMO

SOLSTICE DENTAL DMO		
LEVEL OF COVERAGE		MONTHLY PREMIUM
SINGLE		\$ 14.03
EMPLOYEE PLUS 1		\$ 23.11
FAMILY		\$ 34.18

VSP

VISION		
LEVEL OF COVERAGE		MONTHLY PREMIUM
SINGLE		\$ 4.51
Family		\$ 12.42