

Flagler County Schools Insurance Rates

Cost Table - Active Employees				
Aetna Preferred Vision				
Level of Coverage	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	Employee Premium (22 Pay Periods)
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

Cost Table - Two Employed Spouses				
Aetna Preferred Vision				
Level of Coverage	Total Cost (Board + Employee)	Board Contribution	Employee Premium (Monthly)	Employee Premium (22 Pay Periods)
Family	\$23.15	\$11.20	\$11.95	\$6.52