

Flagler County Schools Insurance Rates
Retired Employees Selection Form
September 1st, 2023-August 31st, 2024

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

Level of Coverage	Monthly Premium	ENROLL
Employee	\$629.05	<input type="checkbox"/>
Employee & Spouse	\$1,539.53	<input type="checkbox"/>
Employee & Child(ren)	\$1,459.25	<input type="checkbox"/>
Family	\$1,867.73	<input type="checkbox"/>

Quantum & Florida Blue - Standard Plan

Level of Coverage	Monthly Premium	ENROLL
Employee	\$650.87	<input type="checkbox"/>
Employee & Spouse	\$1,572.30	<input type="checkbox"/>
Employee & Child(ren)	\$1,490.38	<input type="checkbox"/>
Family	\$1,907.47	<input type="checkbox"/>

Quantum & Florida Blue - 7JP Premium Plan

Level of Coverage	Monthly Premium	ENROLL
Employee	\$846.01	<input type="checkbox"/>
Employee & Spouse	\$2,001.20	<input type="checkbox"/>
Employee & Child(ren)	\$1,897.12	<input type="checkbox"/>
Family	\$2,426.98	<input type="checkbox"/>

WAIVE MEDICAL COVERAGE	<input type="checkbox"/>
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Return by mail or delivery to the following address:
1769 E. Moody Blvd. Bldg 2 Bunnell, FL 32110 Attention: Human Resources, Benefits Dept.
Return by email (preferred): retirement@flaglerschools.com or obamae@flaglerschools.com
Document Deadline: **07/14/2023**

Guardian Dental - Low PPO Plan

Level of Coverage	Monthly Premium	ENROLL
Employee	\$18.28	<input type="checkbox"/>
Employee + 1 Dependent	\$35.12	<input type="checkbox"/>
Family	\$52.65	<input type="checkbox"/>

Guardian Dental - High PPO Plan

Level of Coverage	Monthly Premium	ENROLL
Employee	\$30.78	<input type="checkbox"/>
Employee + 1 Dependent	\$54.66	<input type="checkbox"/>
Family	\$81.93	<input type="checkbox"/>

WAIVE DENTAL COVERAGE

Aetna Preferred Vision Plan

Level of Coverage	Monthly Premium	ENROLL
Employee	\$5.60	<input type="checkbox"/>
Employee & Spouse	\$13.73	<input type="checkbox"/>
Employee and Child(ren)	\$16.31	<input type="checkbox"/>
Family	\$23.15	<input type="checkbox"/>

WAIVE VISION COVERAGE

Retiree Name (Printed):
Retiree Signature: Date:

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