



2018 PREMIUM RATE CHART

Plan Year: January 1, 2018 - December 30, 2018

24 Deductions Per Year

Florida Blue HMO BASIC PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ -	\$ 282.75	\$ 565.50
Employee Plus Child(ren)	\$ 170.98	\$ 282.75	\$ 907.46
Employee Plus Spouse	\$ 259.63	\$ 282.75	\$ 1,084.76
Employee Plus Spouse and Child(ren)	\$ 430.91	\$ 282.75	\$ 1,427.32
2 Married Employees of Board Plus Child(ren)	\$ 145.16	\$ 282.75	\$ 855.82

Florida Blue HMO PREMIUM PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 35.00	\$ 282.75	\$ 635.50
Employee Plus Child(ren)	\$ 281.13	\$ 282.75	\$ 1,127.76
Employee Plus Spouse	\$ 401.08	\$ 282.75	\$ 1,367.66
Employee Plus Spouse and Child(ren)	\$ 644.59	\$ 282.75	\$ 1,854.68
2 Married Employees of Board Plus Child(ren)	\$ 252.39	\$ 282.75	\$ 1,070.28

Florida Blue PPO STANDARD PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 75.00	\$ 282.75	\$ 715.50
Employee Plus Child(ren)	\$ 334.16	\$ 282.75	\$ 1,233.82
Employee Plus Spouse	\$ 474.75	\$ 282.75	\$ 1,515.00
Employee Plus Spouse and Child(ren)	\$ 740.61	\$ 282.75	\$ 2,046.72
2 Married Employees of Board Plus Child(ren)	\$ 302.11	\$ 282.75	\$ 1,169.72

***2 Married Employees of the Board Plus Child(ren) - Both spouses MUST be eligible for benefits and MUST enrolled in the same medical plan.**

24 Deductions Per Year

DENTAL RATES

Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 9.75	\$ 14.30	\$ 21.40
Employee plus 1	\$ 17.06	\$ 34.69	\$ 53.36
Employee plus 2 or more	\$ 26.82	\$ 48.43	\$ 73.05

VISION RATE

Coverage Selected	Option I Designer CC#2825	Option II Premier Platinum Plus CC#2826	Option III Premier Platinum Plus (Two Pair Benefit) CC#2827
Employee Only	\$ 5.82	\$ 8.44	\$ 13.47
Employee plus 1	\$ 10.47	\$ 15.19	\$ 24.24
Family	\$ 16.29	\$ 23.62	\$ 37.70

20 Deductions Per Year

Florida Blue HMO BASIC PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ -	\$ 339.30	\$ 565.50
Employee Plus Child(ren)	\$ 205.18	\$ 339.30	\$ 907.46
Employee Plus Spouse	\$ 311.56	\$ 339.30	\$ 1,084.76
Employee Plus Spouse and Child(ren)	\$ 517.09	\$ 339.30	\$ 1,427.32
2 Married Employees of Board Plus Child(ren)	\$ 174.19	\$ 339.30	\$ 855.82

Florida Blue HMO PREMIUM PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 42.00	\$ 339.30	\$ 635.50
Employee Plus Child(ren)	\$ 337.36	\$ 339.30	\$ 1,127.76
Employee Plus Spouse	\$ 481.30	\$ 339.30	\$ 1,367.66
Employee Plus Spouse and Child(ren)	\$ 773.51	\$ 339.30	\$ 1,854.68
2 Married Employees of Board Plus Child(ren)	\$ 302.87	\$ 339.30	\$ 1,070.28

Florida Blue PPO STANDARD PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 90.00	\$ 339.30	\$ 715.50
Employee Plus Child(ren)	\$ 400.99	\$ 339.30	\$ 1,233.82
Employee Plus Spouse	\$ 569.70	\$ 339.30	\$ 1,515.00
Employee Plus Spouse and Child(ren)	\$ 888.73	\$ 339.30	\$ 2,046.72
2 Married Employees of Board Plus Child(ren)	\$ 362.53	\$ 339.30	\$ 1,169.72

Minnesota Supplemental Life			
Premiums deducted 20 times per year			
Age	Employee Per 10,000	Spouse Per \$5,000	*Children Only
18 - 24	\$ 0.29	\$ 0.15	\$ 0.79
25 - 29	\$ 0.25	\$ 0.12	
30 - 34	\$ 0.29	\$ 0.15	
35 - 39	\$ 0.44	\$ 0.22	
40 - 44	\$ 0.69	\$ 0.35	
45 - 49	\$ 1.14	\$ 0.57	
50 - 54	\$ 1.73	\$ 0.86	
55 - 59	\$ 2.57	\$ 1.28	
60 - 64	\$ 3.66	\$ 1.83	
65 - 69	\$ 6.08	\$ 3.04	
70 - 74	\$ 10.88	\$ 5.44	
75 & Over	\$ 22.20	\$ 11.10	

*All eligible dependents; policy amount \$10,000 per child

20 Deductions Per Year

DENTAL RATES

Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 11.70	\$ 17.16	\$ 26.68
Employee plus 1	\$ 20.47	\$ 41.63	\$ 64.03
Employee plus 2 or more	\$ 32.18	\$ 58.12	\$ 87.66

VISION RATES

Coverage Selected	Option I Designer CC#2825	Option II Premier Platinum Plus CC#2826	Option III Premier Platinum Plus (Two Pair Benefit) CC#2827
Employee Only	\$ 6.98	\$ 10.12	\$ 16.16
Employee plus 1	\$ 12.56	\$ 18.22	\$ 29.08
Family	\$ 19.54	\$ 28.34	\$ 45.23

CIGNA/LINA Group Term Life		
Employee Only	24 Deduct	20 Deduct
\$ 5,000.00	\$ 1.56	\$ 1.88
\$ 10,000.00	\$ 3.13	\$ 3.75
\$ 15,000.00	\$ 4.69	\$ 5.63

Legal and Identity Theft		
Employee plus Family	24 Deduct	20 Deduct
Ultimate Advisor	\$ 9.13	\$ 10.96
Ultimate Advisor Plus	\$ 10.98	\$ 13.17