

BENEFIT ELECTION REQUIRED FOR 2022 BENEFITS

All employees must complete and submit election benefits for 2022. Failure to complete and submit benefit elections will result in a default benefit of Employee Only Basic HMO coverage and \$ 35,000 Board paid life.

Plan Changes for 2022: Exclusive prescription provider Walgreens Pharmacy. Prior to January 1, 2022, all prescriptions should be transferred to a Walgreens pharmacy OR the Health & Wellness Center pharmacy.

24 Deductions Per Year					20 Deductions Per Year (annual cost / 20 deductions)				
Florida Blue HMO BASIC PLAN					Florida Blue HMO BASIC PLAN				
Coverage Selected	Employee Deduction per Pay	Employee Monthly Cost	Pasco Schools Contribution	Total Monthly Premium	Coverage Selected	Employee Deduction per Pay	Employee Monthly Cost	Pasco Schools Contribution	Total Monthly Premium
Employee Only	\$ -	\$ -	\$ 619.38	\$ 619.38	Employee Only	\$ -	\$ -	\$ 619.38	\$ 619.38
Employee Plus Child(ren)	\$ 184.69	\$ 369.38	\$ 619.38	\$ 988.76	Employee Plus Child(ren)	\$ 221.63	\$ 369.38	\$ 619.38	\$ 988.76
Employee Plus Spouse	\$ 290.45	\$ 580.90	\$ 619.38	\$ 1,200.28	Employee Plus Spouse	\$ 348.54	\$ 580.90	\$ 619.38	\$ 1,200.28
Employee Plus Spouse and Child(ren)	\$ 475.14	\$ 950.28	\$ 619.38	\$ 1,569.66	Employee Plus Spouse and Child(ren)	\$ 570.17	\$ 950.28	\$ 619.38	\$ 1,569.66
2 Married Employees of Board Plus Child(ren)	\$ 156.99	\$ 313.98	\$ 619.38	\$ 933.36	2 Married Employees of Board Plus Child(ren)	\$ 188.38	\$ 313.98	\$ 619.38	\$ 933.36
Florida Blue HMO PREMIUM PLAN					Florida Blue HMO PREMIUM PLAN				
Coverage Selected	Employee Deduction per Pay	Employee Monthly Cost	Pasco Schools Contribution	Total Monthly Premium	Coverage Selected	Employee Deduction per Pay	Employee Monthly Cost	Pasco Schools Contribution	Total Monthly Premium
Employee Only	\$ 39.75	\$ 79.50	\$ 619.38	\$ 698.88	Employee Only	\$ 47.70	\$ 79.50	\$ 619.38	\$ 698.88
Employee Plus Child(ren)	\$ 309.18	\$ 618.36	\$ 619.38	\$ 1,237.74	Employee Plus Child(ren)	\$ 371.02	\$ 618.36	\$ 619.38	\$ 1,237.74
Employee Plus Spouse	\$ 461.09	\$ 922.18	\$ 619.38	\$ 1,541.56	Employee Plus Spouse	\$ 553.31	\$ 922.18	\$ 619.38	\$ 1,541.56
Employee Plus Spouse and Child(ren)	\$ 730.52	\$ 1,461.04	\$ 619.38	\$ 2,080.42	Employee Plus Spouse and Child(ren)	\$ 876.62	\$ 1,461.04	\$ 619.38	\$ 2,080.42
2 Married Employees of Board Plus Child(ren)	\$ 262.81	\$ 525.61	\$ 619.38	\$ 1,144.99	2 Married Employees of Board Plus Child(ren)	\$ 315.37	\$ 525.61	\$ 619.38	\$ 1,144.99
Florida Blue PPO STANDARD PLAN					Florida Blue PPO STANDARD PLAN				
Coverage Selected	Employee Deduction per Pay	Employee Monthly Cost	Pasco Schools Contribution	Total Monthly Premium	Coverage Selected	Employee Deduction per Pay	Employee Monthly Cost	Pasco Schools Contribution	Total Monthly Premium
Employee Only	\$ 83.00	\$ 166.00	\$ 619.38	\$ 785.38	Employee Only	\$ 99.60	\$ 166.00	\$ 619.38	\$ 785.38
Employee Plus Child(ren)	\$ 367.50	\$ 735.00	\$ 619.38	\$ 1,354.38	Employee Plus Child(ren)	\$ 441.00	\$ 735.00	\$ 619.38	\$ 1,354.38
Employee Plus Spouse	\$ 562.12	\$ 1,124.24	\$ 619.38	\$ 1,743.62	Employee Plus Spouse	\$ 674.54	\$ 1,124.24	\$ 619.38	\$ 1,743.62
Employee Plus Spouse and Child(ren)	\$ 846.62	\$ 1,693.24	\$ 619.38	\$ 2,312.62	Employee Plus Spouse and Child(ren)	\$ 1,015.94	\$ 1,693.24	\$ 619.38	\$ 2,312.62
2 Married Employees of Board Plus Child(ren)	\$ 312.38	\$ 624.75	\$ 619.38	\$ 1,244.13	2 Married Employees of Board Plus Child(ren)	\$ 374.85	\$ 624.75	\$ 619.38	\$ 1,244.13

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

Dental Benefits - Delta Dental			
24 Deductions Per Year			
Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 9.75	\$ 14.72	\$ 22.04
Employee plus 1	\$ 17.06	\$ 35.73	\$ 54.96
Employee plus 2 or more	\$ 26.82	\$ 49.88	\$ 75.23

Vision Benefits - Davis Vision			
24 Deductions Per Year			
Coverage Selected	Option I	Option II	Option III
Employee Only	\$ 6.55	\$ 10.63	\$ 17.92
Employee plus 1	\$ 11.78	\$ 19.13	\$ 32.26
Family	\$ 18.32	\$ 29.76	\$ 50.18

Dental Benefits - Delta Dental			
20 Deductions Per Year (annual cost / 20 deductions)			
Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 11.70	\$ 17.67	\$ 26.45
Employee plus 1	\$ 20.48	\$ 42.88	\$ 65.95
Employee plus 2 or more	\$ 32.18	\$ 59.86	\$ 90.28

Vision Benefits - Davis Vision			
20 Deductions Per Year (annual cost / 20 deductions)			
Coverage Selected	Option I	Option II	Option III
Employee Only	\$ 7.86	\$ 12.75	\$ 21.51
Employee plus 1	\$ 14.13	\$ 22.96	\$ 38.71
Family	\$ 21.99	\$ 35.71	\$ 60.21