



2017 PREMIUM RATE CHART

Plan Year: January 1, 2017 - December 30, 2017

24 Deductions Per Year

Florida Blue HMO BASIC PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ -	\$ 274.22	\$ 548.43
Employee Plus Child(ren)	\$ 165.08	\$ 274.22	\$ 878.59
Employee Plus Spouse	\$ 248.39	\$ 274.22	\$ 1,045.21
Employee Plus Spouse and Child(ren)	\$ 413.46	\$ 274.22	\$ 1,375.35
2 Married Employees of Board Plus Child(ren)	\$ 139.26	\$ 274.22	\$ 826.95

Florida Blue HMO PREMIUM PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 35.00	\$ 274.22	\$ 618.43
Employee Plus Child(ren)	\$ 268.87	\$ 274.22	\$ 1,086.17
Employee Plus Spouse	\$ 384.78	\$ 274.22	\$ 1,317.99
Employee Plus Spouse and Child(ren)	\$ 618.64	\$ 274.22	\$ 1,785.71
2 Married Employees of Board Plus Child(ren)	\$ 243.05	\$ 274.22	\$ 1,034.53

Florida Blue PPO STANDARD PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 68.75	\$ 274.22	\$ 685.93
Employee Plus Child(ren)	\$ 311.87	\$ 274.22	\$ 1,172.17
Employee Plus Spouse	\$ 432.47	\$ 274.22	\$ 1,413.37
Employee Plus Spouse and Child(ren)	\$ 675.59	\$ 274.22	\$ 1,899.61
2 Married Employees of Board Plus Child(ren)	\$ 286.05	\$ 274.22	\$ 1,120.53

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

20 Deductions Per Year

Florida Blue HMO BASIC PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ -	\$ 329.06	\$ 548.43
Employee Plus Child(ren)	\$ 198.10	\$ 329.06	\$ 878.59
Employee Plus Spouse	\$ 298.07	\$ 329.06	\$ 1,045.21
Employee Plus Spouse and Child(ren)	\$ 496.16	\$ 329.06	\$ 1,375.35
2 Married Employees of Board Plus Child(ren)	\$ 167.11	\$ 329.06	\$ 826.95

Florida Blue HMO PREMIUM PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 42.00	\$ 329.06	\$ 618.43
Employee Plus Child(ren)	\$ 322.64	\$ 329.06	\$ 1,086.17
Employee Plus Spouse	\$ 461.74	\$ 329.06	\$ 1,317.99
Employee Plus Spouse and Child(ren)	\$ 742.37	\$ 329.06	\$ 1,785.71
2 Married Employees of Board Plus Child(ren)	\$ 291.66	\$ 329.06	\$ 1,034.53

Florida Blue PPO STANDARD PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 82.50	\$ 329.06	\$ 685.93
Employee Plus Child(ren)	\$ 374.24	\$ 329.06	\$ 1,172.17
Employee Plus Spouse	\$ 518.96	\$ 329.06	\$ 1,413.37
Employee Plus Spouse and Child(ren)	\$ 810.71	\$ 329.06	\$ 1,899.61
2 Married Employees of Board Plus Child(ren)	\$ 343.26	\$ 329.06	\$ 1,120.53

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*

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	\$ 73.04

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	\$ 5.60	\$ 7.81	\$ 12.24
Employee plus 1	\$ 10.07	\$ 14.06	\$ 22.03
Family	\$ 15.66	\$ 21.87	\$ 34.27

20 Deductions Per Year

DENTAL RATES

Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 11.70	\$ 17.16	\$ 26.68
Employee plus 1	\$ 20.48	\$ 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	\$ 6.72	\$ 9.38	\$ 14.69
Employee plus 1	\$ 12.08	\$ 16.88	\$ 26.44
Family	\$ 18.80	\$ 26.24	\$ 41.13

CIGNA/LINA Group Term Life

Employee Only	24 Deduct	20 Deduct
\$ 5,000.00	\$ 1.57	\$ 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	\$ 10.95
Ultimate Advisor Plus	\$ 10.75	\$ 12.30