

*Dependent Premiums for Florida Blue Options PPO Plans include single coverage buy up amounts.

DEPENDENT MEDICAL PLANS

FLORIDA BLUE HMO STANDARD PLANS

	1 DEPENDENT		FAMILY (2 or More Dep's)		2 EE's of the Board (Spouse COVERING Child(ren))	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
BCBS	\$125.00	\$150.00	\$250.00	\$300.00	\$39.00	\$46.80
Mental Health	\$ 1.72	\$ 2.06	\$ 1.79	\$ 2.15	\$.27	\$.32
Prescription	\$53.62	\$64.34	\$85.00	\$102.00	\$35.00	\$42.00
TOTAL	\$180.33	\$216.40	\$336.79	\$404.15	\$74.27	\$89.12

FLORIDA BLUE HMO PREMIUM PLANS

	SINGLE COVERAGE		1 DEPENDENT		FAMILY (2 or More Dep's)		2 EE's of the Board (Spouse COVERING Child(ren))	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
BCBS			\$225.98	\$271.18	\$380.92	\$457.10	\$159.92	\$191.90
Mental Health			\$ 1.72	\$ 2.06	\$ 1.79	\$ 2.15	\$.27	\$.32
Prescription			\$53.62	\$64.34	\$85.00	\$102.00	\$35.00	\$42.00
Buy Up for Employee Coverage	\$10.00	\$12.00	\$10.00	\$12.00	\$10.00	\$12.00	\$10.00	\$12.00
TOTAL	\$10.00	\$12.00	\$291.31	\$349.57	\$477.71	\$573.25	\$205.19	\$246.22

MINNESOTA LIFE GROUP TERM LIFE INSURANCE

Age	Employee Only Per \$10,000 Per Pay	Spouse Only Per \$5,000 Per Pay	Child(ren) Only Per Pay
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	

FLORIDA BLUE OPTIONS PREMIUM PLANS

	SINGLE COVERAGE		1 DEPENDENT		FAMILY (2 or More Dep's)		2 EE's of the Board (Spouse COVERING Child(ren))	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
BCBS			\$239.41	\$287.29	\$393.30	\$471.96	\$139.80	\$167.76
Mental Health			\$ 1.72	\$ 2.06	\$ 1.79	\$ 2.15	\$.27	\$.32
Prescription			\$53.62	\$64.34	\$85.00	\$102.00	\$35.00	\$42.00
Buy Up for Employee Coverage	\$42.50	\$51.00	\$42.50	\$51.00	\$42.50	\$51.00	\$42.50	\$51.00
TOTAL	\$42.50	\$51.00	\$337.24	\$404.68	\$522.59	\$627.11	\$217.57	\$261.08

FLORIDA BLUE OPTIONS STANDARD PLANS

	SINGLE COVERAGE		1 DEPENDENT		FAMILY (2 or More Dep's)		2 EE's of the Board (Spouse COVERING Child(ren))	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
BCBS			\$225.11	\$270.13	\$376.16	\$451.39	\$140.16	\$168.19
Mental Health			\$ 1.72	\$ 2.06	\$ 1.79	\$ 2.15	\$.27	\$.32
Prescription			\$53.62	\$64.34	\$85.00	\$102.00	\$35.00	\$42.00
Buy Up for Employee Coverage	\$25.00	\$30.00	\$25.00	\$30.00	\$25.00	\$30.00	\$25.00	\$30.00
TOTAL	\$25.00	\$30.00	\$305.44	\$366.53	\$487.95	\$585.54	\$200.43	\$240.51

LINA TERM LIFE INSURANCE

Employee Only Coverage	20 Pays	24 Pays
\$5,000	\$0.96	\$0.80
\$10,000	\$1.92	\$1.60
\$15,000	\$2.88	\$2.40

DENTAL PLANS

DELTA DENTAL	High PPO Plan		Low PPO Plan		DHMO 14A	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
Employee Only	\$19.69	\$23.62	\$13.16	\$15.79	\$9.55	\$11.46
Employee + one Dependent	\$49.08	\$58.90	\$31.91	\$38.29	\$16.72	\$20.06
EE+ 2 or more Dependents	\$67.18	\$80.62	\$44.54	\$53.49	\$26.28	\$31.54

LEGAL SERVICES

PRE-PAIDLEGAL SERVICES	
24 Ded	\$8.38
20 Ded	\$10.05

VISION PLAN

DAVIS VISION	Option I Designer CC#2825		Option II Premier Platinum Plus CC#2826		Option III Premier Platinum Plus (Two-Pair Benefit) CC#2827	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
Employee Only	\$3.82	\$4.58	\$5.34	\$6.40	\$8.36	\$10.03
Employee + Family	\$10.92	\$13.10	\$15.25	\$18.29	\$23.90	\$28.68

OPT-OUT TAXABLE INCOME PER PAY

24 Ded	20 Ded
\$50.00	\$60.00

IDENTITY PROTECTION PLANS

LIFELock PLANS	LifeLock Identity Theft Protection		LifeLock Command Center		LifeLock Ultimate	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
Employee Only	\$4.25	\$5.10	\$6.38	\$7.65	\$10.63	\$12.75
Employee + Spouse	\$8.50	\$10.20	\$12.75	\$15.30	\$21.25	\$25.50
EE + Children	\$7.44	\$8.93	\$10.10	\$12.11	\$15.41	\$18.48
EE + Family	\$11.69	\$14.03	\$16.47	\$19.76	\$26.03	\$31.24