



2022 PREMIUM RATE CHART

Plan Year: January 1, 2022 - December 30, 2022

24 Deductions Per Year

20 Deductions Per Year

Florida Blue HMO BASIC PLAN

Florida Blue HMO BASIC PLAN

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 619.38	\$ 619.38	\$ -	\$ -
Employee Plus Child(ren)	\$ 988.76	\$ 619.38	\$ 369.38	\$ 184.69
Employee Plus Spouse	\$ 1,200.28	\$ 619.38	\$ 580.90	\$ 290.45
Employee Plus Spouse and Child(ren)	\$ 1,569.66	\$ 619.38	\$ 950.28	\$ 475.14
2 Married Employees of Board Plus Child(ren)	\$ 933.35	\$ 619.38	\$ 313.97	\$ 156.99

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 619.38	\$ 619.38	\$ -	\$ -
Employee Plus Child(ren)	\$ 988.76	\$ 619.38	\$ 369.38	\$ 221.63
Employee Plus Spouse	\$ 1,200.28	\$ 619.38	\$ 580.90	\$ 348.54
Employee Plus Spouse and Child(ren)	\$ 1,569.66	\$ 619.38	\$ 950.28	\$ 570.17
2 Married Employees of Board Plus Child(ren)	\$ 933.36	\$ 619.38	\$ 313.97	\$ 188.38

Florida Blue HMO PREMIUM PLAN

Florida Blue HMO PREMIUM PLAN

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 698.88	\$ 619.38	\$ 79.50	\$ 39.75
Employee Plus Child(ren)	\$ 1,237.74	\$ 619.38	\$ 618.36	\$ 309.18
Employee Plus Spouse	\$ 1,541.56	\$ 619.38	\$ 922.18	\$ 461.09
Employee Plus Spouse and Child(ren)	\$ 2,080.42	\$ 619.38	\$ 1,461.04	\$ 730.52
2 Married Employees of Board Plus Child(ren)	\$ 1,144.99	\$ 619.38	\$ 525.61	\$ 262.81

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 698.88	\$ 619.38	\$ 79.50	\$ 47.70
Employee Plus Child(ren)	\$ 1,237.74	\$ 619.38	\$ 618.36	\$ 371.02
Employee Plus Spouse	\$ 1,541.56	\$ 619.38	\$ 922.18	\$ 553.31
Employee Plus Spouse and Child(ren)	\$ 2,080.42	\$ 619.38	\$ 1,461.04	\$ 876.62
2 Married Employees of Board Plus Child(ren)	\$ 1,144.99	\$ 619.38	\$ 525.61	\$ 315.36

Florida Blue PPO STANDARD PLAN

Florida Blue PPO STANDARD PLAN

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 785.38	\$ 619.38	\$ 166.00	\$ 83.00
Employee Plus Child(ren)	\$ 1,354.38	\$ 619.38	\$ 735.00	\$ 367.50
Employee Plus Spouse	\$ 1,743.62	\$ 619.38	\$ 1,124.24	\$ 562.12
Employee Plus Spouse and Child(ren)	\$ 2,312.62	\$ 619.38	\$ 1,693.24	\$ 846.62
2 Married Employees of Board Plus Child(ren)	\$ 1,244.13	\$ 619.38	\$ 624.75	\$ 312.38

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 785.38	\$ 619.38	\$ 166.00	\$ 99.60
Employee Plus Child(ren)	\$ 1,354.38	\$ 619.38	\$ 735.00	\$ 441.01
Employee Plus Spouse	\$ 1,743.62	\$ 619.38	\$ 1,124.24	\$ 674.54
Employee Plus Spouse and Child(ren)	\$ 2,312.62	\$ 619.38	\$ 1,693.24	\$ 1,015.94
2 Married Employees of Board Plus Child(ren)	\$ 1,244.13	\$ 619.38	\$ 624.75	\$ 374.85

**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

20 Deductions Per Year

DENTAL RATES 2100

DENTAL RATES 2110

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

Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 11.70	\$ 17.67	\$ 26.45
Employee plus 1	\$ 20.47	\$ 42.88	\$ 65.95
Employee plus 2 or more	\$ 32.18	\$ 59.86	\$ 90.28

VISION RATE 2200

VISION RATES 2210

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	\$ 6.55	\$ 10.63	\$ 17.92
Employee plus 1	\$ 11.78	\$ 19.13	\$ 32.26
Family	\$ 18.32	\$ 29.76	\$ 50.18

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	\$ 7.86	\$ 12.75	\$ 21.51
Employee plus 1	\$ 14.13	\$ 22.96	\$ 38.71
Family	\$ 21.99	\$ 35.71	\$ 60.21



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ALLSTATE ACCIDENT 2601

Coverage Selected	
Employee Only	\$ 7.26
Employee plus Spouse	\$ 13.44
EE plus Children	\$ 12.30
EE plus Spouse and Children	\$ 18.48

ALLSTATE ACCIDENT 2606

Coverage Selected	
Employee Only	\$ 8.71
Employee plus Spouse	\$ 16.13
EE plus Children	\$ 14.76
EE plus Spouse and Children	\$ 22.18

ALLSTATE HOSPITAL PLAN 1 2611

Coverage Selected	
Employee Only	\$ 19.37
Employee plus Spouse	\$ 42.06
EE plus Children	\$ 33.48
EE plus Spouse and Children	\$ 47.78

ALLSTATE HOSPITAL PLAN 1 2616

Coverage Selected	
Employee Only	\$ 23.24
Employee plus Spouse	\$ 50.47
EE plus Children	\$ 40.17
EE plus Spouse and Children	\$ 57.33

ALLSTATE HOSPITAL PLAN 2 2611

Coverage Selected	
Employee Only	\$ 40.30
Employee plus Spouse	\$ 88.66
EE plus Children	\$ 69.75
EE plus Spouse and Children	\$ 100.36

ALLSTATE HOSPITAL PLAN 2 2616

Coverage Selected	
Employee Only	\$ 48.36
Employee plus Spouse	\$ 106.39
EE plus Children	\$ 83.69
EE plus Spouse and Children	\$ 120.43

ALLSTATE CANCER PLAN 1 2621

Coverage Selected	
Employee Only	\$ 7.44
Employee plus Family	\$ 12.70

ALLSTATE CANCER PLAN 1 2626

Coverage Selected	
Employee Only	\$ 8.92
Employee plus Family	\$ 15.24

ALLSTATE CANCER PLAN 2 2621

Coverage Selected	
Employee Only	\$ 15.83
Employee plus Family	\$ 27.28

ALLSTATE CANCER PLAN 2 2626

Coverage Selected	
Employee Only	\$ 18.99
Employee plus Family	\$ 32.74



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ALLSTATE CRITICAL ILLNESS PLAN 1 2631

Coverage Selected	
Employee Only	\$ 6.53
Employee plus Spouse	\$ 10.99
EE plus Children	\$ 6.53
EE plus Spouse and Children	\$ 10.99

ALLSTATE CRITICAL ILLNESS PLAN 1 2636

Coverage Selected	
Employee Only	\$ 7.84
Employee plus Spouse	\$ 13.19
EE plus Children	\$ 7.84
EE plus Spouse and Children	\$ 13.19

ALLSTATE CRITICAL ILLNESS PLAN 1 + 2631

Coverage Selected	
Employee Only	\$ 11.92
Employee plus Spouse	\$ 19.30
EE plus Children	\$ 11.92
EE plus Spouse and Children	\$ 19.30

ALLSTATE CRITICAL ILLNESS PLAN 1 + 2636

Coverage Selected	
Employee Only	\$ 14.30
Employee plus Spouse	\$ 23.16
EE plus Children	\$ 14.30
EE plus Spouse and Children	\$ 23.16

ALLSTATE CRITICAL ILLNESS PLAN 2 2631

Coverage Selected	
Employee Only	\$ 10.66
Employee plus Spouse	\$ 17.19
EE plus Children	\$ 10.66
EE plus Spouse and Children	\$ 17.19

ALLSTATE CRITICAL ILLNESS PLAN 2 2636

Coverage Selected	
Employee Only	\$ 12.79
Employee plus Spouse	\$ 20.63
EE plus Children	\$ 12.79
EE plus Spouse and Children	\$ 20.63

ALLSTATE CRITICAL ILLNESS PLAN 2 + 2631

Coverage Selected	
Employee Only	\$ 20.98
Employee plus Spouse	\$ 32.90
EE plus Children	\$ 20.98
EE plus Spouse and Children	\$ 32.90

ALLSTATE CRITICAL ILLNESS PLAN 2 + 2636

Coverage Selected	
Employee Only	\$ 25.18
Employee plus Spouse	\$ 39.47
EE plus Children	\$ 25.18
EE plus Spouse and Children	\$ 39.47



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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*

Legal and Identity Theft

Employee plus Family	24 Deduct
Ultimate Advisor 8652	\$ 9.13
Ultimate Advisor Plus 8651	\$ 11.29

Legal and Identity Theft

Employee plus Family	20 Deduct
Ultimate Advisor 8657	\$ 10.96
Ultimate Advisor Plus 8656	\$ 13.55