



2023 PREMIUM RATE CHART

Plan Year: January 1, 2023 - December 31, 2023

24 Deductions Per Year

Florida Blue HMO BASIC PLAN

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 645.89	\$ 645.89	\$ -	\$ -
Employee Plus Child(ren)	\$ 1,048.55	\$ 645.89	\$ 402.66	\$ 201.33
Employee Plus Spouse	\$ 1,279.13	\$ 645.89	\$ 633.24	\$ 316.62
Employee Plus Spouse and Child(ren)	\$ 1,681.79	\$ 645.89	\$ 1,035.90	\$ 517.95
2 Married Employees of Board Plus Child(ren)	\$ 988.15	\$ 645.89	\$ 342.26	\$ 171.13

Florida Blue HMO PREMIUM PLAN

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 795.89	\$ 645.89	\$ 150.00	\$ 75.00
Employee Plus Child(ren)	\$ 1,383.25	\$ 645.89	\$ 737.36	\$ 368.68
Employee Plus Spouse	\$ 1,714.41	\$ 645.89	\$ 1,068.52	\$ 534.26
Employee Plus Spouse and Child(ren)	\$ 2,301.75	\$ 645.89	\$ 1,655.86	\$ 827.93
2 Married Employees of Board Plus Child(ren)	\$ 1,345.49	\$ 645.89	\$ 699.60	\$ 349.80

Florida Blue PPO STANDARD PLAN

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 880.89	\$ 645.89	\$ 235.00	\$ 117.50
Employee Plus Child(ren)	\$ 1,501.09	\$ 645.89	\$ 855.20	\$ 427.60
Employee Plus Spouse	\$ 1,925.37	\$ 645.89	\$ 1,279.48	\$ 639.74
Employee Plus Spouse and Child(ren)	\$ 2,545.57	\$ 645.89	\$ 1,899.68	\$ 949.84
2 Married Employees of Board Plus Child(ren)	\$ 1,434.99	\$ 645.89	\$ 789.10	\$ 394.55

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

DENTAL RATES 2100

Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 9.75	\$ 14.72	\$ 22.04

20 Deductions Per Year

Florida Blue HMO BASIC PLAN

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 645.89	\$ 645.89	\$ -	\$ -
Employee Plus Child(ren)	\$ 1,048.55	\$ 645.89	\$ 402.66	\$ 241.60
Employee Plus Spouse	\$ 1,279.13	\$ 645.89	\$ 633.24	\$ 379.94
Employee Plus Spouse and Child(ren)	\$ 1,681.79	\$ 645.89	\$ 1,035.90	\$ 621.54
2 Married Employees of Board Plus Child(ren)	\$ 988.15	\$ 645.89	\$ 342.26	\$ 205.36

Florida Blue HMO PREMIUM PLAN

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 795.89	\$ 645.89	\$ 150.00	\$ 90.00
Employee Plus Child(ren)	\$ 1,383.25	\$ 645.89	\$ 737.36	\$ 442.42
Employee Plus Spouse	\$ 1,714.41	\$ 645.89	\$ 1,068.52	\$ 641.11
Employee Plus Spouse and Child(ren)	\$ 2,301.75	\$ 645.89	\$ 1,655.86	\$ 993.52
2 Married Employees of Board Plus Child(ren)	\$ 1,345.49	\$ 645.89	\$ 699.60	\$ 419.76

Florida Blue PPO STANDARD PLAN

Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 880.89	\$ 645.89	\$ 235.00	\$ 141.00
Employee Plus Child(ren)	\$ 1,501.09	\$ 645.89	\$ 855.20	\$ 513.12
Employee Plus Spouse	\$ 1,925.37	\$ 645.89	\$ 1,279.48	\$ 767.69
Employee Plus Spouse and Child(ren)	\$ 2,545.57	\$ 645.89	\$ 1,899.68	\$ 1,139.81
2 Married Employees of Board Plus Child(ren)	\$ 1,434.99	\$ 645.89	\$ 789.10	\$ 473.46

DENTAL RATES 2110

Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 11.70	\$ 17.67	\$ 26.45



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Employee plus 1	\$ 17.06	\$ 35.73	\$ 54.96
Employee plus 2 or more	\$ 26.82	\$ 49.88	\$ 75.23

20 Deductions Per Year

Employee plus 1	\$ 20.47	\$ 42.88	\$ 65.95
Employee plus 2 or more	\$ 32.18	\$ 59.86	\$ 90.28

VISION RATE 2200

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

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

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

ALLSTATE HOSPITAL PLAN 1 2616

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



2023 PREMIUM RATE CHART

Plan Year: January 1, 2023 - December 31, 2023

24 Deductions Per Year

EE plus Spouse and Children	\$ 47.78
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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

20 Deductions Per Year

EE plus Spouse and Children	\$ 57.33
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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 2 2621

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

ALLSTATE CANCER PLAN 1 2626

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

ALLSTATE CANCER PLAN 2 2626

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

ALLSTATE CRITICAL ILLNESS PLAN 1 2631

Coverage Selected	
Employee Only	\$ 6.53
Employee plus Spouse	\$ 10.99

ALLSTATE CRITICAL ILLNESS PLAN 1 2636

Coverage Selected	
Employee Only	\$ 7.84
Employee plus Spouse	\$ 13.19



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24 Deductions Per Year

EE plus Children	\$	6.53
EE plus Spouse and Children	\$	10.99

20 Deductions Per Year

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

ALLSTATE CRITICAL ILLNESS PLAN 2 + 2636

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



2023 PREMIUM RATE CHART

Plan Year: January 1, 2023 - December 31, 2023

24 Deductions Per Year

EE plus Spouse and Children	\$ 32.90
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20 Deductions Per Year

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