

2021 EMPLOYEE PREMIUM RATE CHART

Plan Year: January 1, 2021 – December 31, 2021

Dependent Verification Requirement

Employees covering a spouse or dependent child age 26 or older under the district's group health plan **MUST verify their dependent's eligibility for coverage by November 6, 2020**. Coverage for dependents of employees who fail to comply with the dependent verification guidelines, will be removed from the district's group health plan effective December 31, 2020. Additional information about the dependent verification available online: <http://www.pasco.k12.fl.us/ebarm/page/dependent-verification>

Coverage Level	24 Deductions Per Year Florida Blue Basic HMO			20 Deductions Per Year Florida Blue Basic HMO		
	Employee Deduction Per Pay	Board Contribution Per Pay	Monthly Premium	Employee Deduction Per Pay	Board Contribution Per Pay	Monthly Premium
Employee Only	-	298.96	597.91	-	358.75	597.91
Employee + Children	184.69	298.96	967.29	221.63	358.75	967.29
Employee + Spouse	280.45	298.96	1,158.81	336.54	358.75	1,158.81
Employee + Spouse and Children	465.46	298.96	1,528.82	558.55	358.75	1,528.82
2 Married EE of Board + Children	156.79	298.96	911.50	188.15	358.75	911.50
Coverage Level	Florida Blue Premium HMO			Florida Blue Premium HMO		
	Employee Deduction Per Pay	Board Contribution Per Pay	Monthly Premium	Employee Deduction Per Pay	Board Contribution Per Pay	Monthly Premium
Employee Only	39.75	298.96	677.42	47.70	358.75	677.42
Employee + Children	309.18	298.96	1,216.27	371.02	358.75	1,216.27
Employee + Spouse	441.09	298.96	1,480.09	529.31	358.75	1,480.09
Employee + Spouse and Children	708.90	298.96	2,015.71	850.68	358.75	2,015.71
2 Married EE of Board + Children	277.57	298.96	1,153.05	333.08	358.75	1,153.05
Coverage Level	Florida Blue Standard PPO			Florida Blue Standard PPO		
	Employee Deduction Per Pay	Board Contribution Per Pay	Monthly Premium	Employee Deduction Per Pay	Board Contribution Per Pay	Monthly Premium
Employee Only	83.00	298.96	763.92	99.60	358.75	763.92
Employee + Children	367.50	298.96	1,332.92	441.01	358.75	1,332.92
Employee + Spouse	522.12	298.96	1,642.14	626.54	358.75	1,642.14
Employee + Spouse and Children	814.51	298.96	2,226.92	977.41	358.75	2,226.92
2 Married EE of Board + Children	332.25	298.96	1,262.40	398.70	358.75	1,262.40

2 Married Employees of the Board plus Child(ren) – Both spouses MUST be eligible for benefits and MUST enroll in the same medical plan

Coverage Level	Delta Dental			Delta Dental		
	DHMO	Low PPO	High PPO	DHMO	Low PPO	High PPO
Employee Only	9.75	14.72	22.04	11.70	17.67	26.45
Employee + 1 Dependent	17.06	35.73	54.96	20.47	42.88	65.95
Employee + Family	26.82	49.88	75.23	32.18	59.86	90.28

Coverage Level	Davis Vision			Davis Vision		
	Designer	Platinum	Platinum II	Designer	Platinum	Platinum II
Employee Only	6.55	10.63	17.92	7.86	12.75	21.51
Employee + 1 Dependent	11.78	19.13	32.26	14.13	22.96	38.71
Employee + Family	18.32	29.76	50.18	21.99	35.71	60.21

	24 Deduct	20 Deduct
Ultimate	9.13	10.96
Ultimate Plus	11.29	13.55

Please refer to Benefits Reference Guide for Minnesota Life rate chart.