



VOLUSIA COUNTY SCHOOL DISTRICT INSURANCE RATE SHEET

OCTOBER 1, 2015 - SEPTEMBER 30, 2016

Premiums will be deducted over 20 checks for ALL employees beginning in the first September check.

HEALTH INSURANCE

	FLORIDA BLUE				FLORIDA HEALTH CARE					
	 <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>				 <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>					
	PPO		HRA		TRIPLE OPTION		HMO		POS	
	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
SINGLE	\$20.00	\$12.00	\$20.00	\$12.00	\$20.00	\$12.00	\$20.00	\$12.00	\$20.00	\$12.00
EMPLOYEE & CHILD(REN)	\$621.68	\$373.01	\$585.09	\$351.05	\$470.52	\$282.31	\$420.84	\$252.50	\$338.37	\$203.02
EMPLOYEE & SPOUSE	\$793.62	\$476.17	\$746.55	\$447.93	\$599.24	\$359.54	\$535.37	\$321.22	\$429.33	\$257.60
FAMILY	\$1,309.34	\$785.60	\$1,230.97	\$738.58	\$985.41	\$591.25	\$878.95	\$527.37	\$702.21	\$421.33
SPLIT FAMILY*	\$234.90	\$140.94	\$221.83	\$133.10	\$180.91	\$108.54	\$163.16	\$97.89	\$133.70	\$80.22
DISTRICT CONTRIBUTION	\$839.55		\$837.32		\$623.60		\$552.64		\$434.81	

*SPLIT-FAMILY: AVAILABLE TO LEGALLY MARRIED COUPLES WHO WORK FOR THE DISTRICT AND RESIDE AT THE SAME PHYSICAL ADDRESS. "EMPLOYEE COST PER PAYCHECK" SHOWN IS PER EMPLOYEE and "MONTHLY PREMIUM" SHOWN IS TOTAL FOR BOTH SPOUSES. (Calculation = Family Monthly Premium less Additional "District Contribution" divided by 2) For HRA add \$25 per month

	DENTAL INSURANCE								VISION INSURANCE	
	DELTA DENTAL				DELTA CARE				VISION CARE	
	VTO/Non Bargaining		AFSCME/VESA		VTO/Non Bargaining		AFSCME/VESA		Monthly Premium	Employee Cost Per Paycheck
Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck			
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
SINGLE	\$21.29	\$12.77	\$13.24	\$7.94	\$8.05	\$4.83	\$0.00	\$0.00	\$6.50	\$3.90
EMPLOYEE PLUS 1 (SPOUSE OR CHILD)	\$43.05	\$25.83	\$35.00	\$21.00	\$18.49	\$11.09	\$10.44	\$6.26	N/A	N/A
FAMILY	\$60.86	\$36.52	\$52.81	\$31.69	\$31.20	\$18.72	\$23.15	\$13.89	\$18.60	\$11.16
DISTRICT CONTRIBUTION	\$8.05		\$16.10		\$8.05		\$16.10		\$0.00	

All rates listed apply to employees who begin on the first day of the contract year and do not miss any scheduled deductions.

For those employees who begin after the first day of their contract year or have a break in service, the insurance deduction amounts will be calculated and adjusted to ensure that the correct premiums will be collected for coverage through September 30th.