



# 2024 PREMIUM RATE CHART

Plan Year: January 1, 2024 - December 31, 2024

## 24 Deductions Per Year

Florida Blue HMO BASIC PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 678.18	\$ 678.18	\$ -	\$ -
Employee Plus Child(ren)	\$ 1,100.98	\$ 678.18	\$ 422.80	\$ 211.40
Employee Plus Spouse	\$ 1,343.09	\$ 678.18	\$ 664.91	\$ 332.46
Employee Plus Spouse and Child(ren)	\$ 1,765.88	\$ 678.18	\$ 1,087.70	\$ 543.85
2 Married Employees of Board Plus Child(ren)	\$ 1,037.56	\$ 678.18	\$ 359.38	\$ 179.69

Florida Blue HMO PREMIUM PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 835.68	\$ 678.18	\$ 157.50	\$ 78.75
Employee Plus Child(ren)	\$ 1,452.41	\$ 678.18	\$ 774.23	\$ 387.12
Employee Plus Spouse	\$ 1,800.13	\$ 678.18	\$ 1,121.95	\$ 560.98
Employee Plus Spouse and Child(ren)	\$ 2,416.84	\$ 678.18	\$ 1,738.66	\$ 869.33
2 Married Employees of Board Plus Child(ren)	\$ 1,412.76	\$ 678.18	\$ 734.58	\$ 367.29

Florida Blue PPO STANDARD PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 924.93	\$ 678.18	\$ 246.75	\$ 123.38
Employee Plus Child(ren)	\$ 1,576.14	\$ 678.18	\$ 897.96	\$ 448.98
Employee Plus Spouse	\$ 2,021.64	\$ 678.18	\$ 1,343.46	\$ 671.73
Employee Plus Spouse and Child(ren)	\$ 2,672.85	\$ 678.18	\$ 1,994.67	\$ 997.34
2 Married Employees of Board Plus Child(ren)	\$ 1,506.74	\$ 678.18	\$ 828.56	\$ 414.28

## 20 Deductions Per Year

Florida Blue HMO BASIC PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 678.18	\$ 678.18	\$ -	\$ -
Employee Plus Child(ren)	\$ 1,100.98	\$ 678.18	\$ 422.80	\$ 253.68
Employee Plus Spouse	\$ 1,343.09	\$ 678.18	\$ 664.91	\$ 398.95
Employee Plus Spouse and Child(ren)	\$ 1,765.88	\$ 678.18	\$ 1,087.70	\$ 652.62
2 Married Employees of Board Plus Child(ren)	\$ 1,037.56	\$ 678.18	\$ 359.38	\$ 215.63

Florida Blue HMO PREMIUM PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 835.68	\$ 678.18	\$ 157.50	\$ 94.50
Employee Plus Child(ren)	\$ 1,452.41	\$ 678.18	\$ 774.23	\$ 464.54
Employee Plus Spouse	\$ 1,800.13	\$ 678.18	\$ 1,121.95	\$ 673.17
Employee Plus Spouse and Child(ren)	\$ 2,416.84	\$ 678.18	\$ 1,738.66	\$ 1,043.20
2 Married Employees of Board Plus Child(ren)	\$ 1,412.76	\$ 678.18	\$ 734.58	\$ 440.75

Florida Blue PPO STANDARD PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 924.93	\$ 678.18	\$ 246.75	\$ 148.05
Employee Plus Child(ren)	\$ 1,576.14	\$ 678.18	\$ 897.96	\$ 538.78
Employee Plus Spouse	\$ 2,021.64	\$ 678.18	\$ 1,343.46	\$ 806.08
Employee Plus Spouse and Child(ren)	\$ 2,672.85	\$ 678.18	\$ 1,994.67	\$ 1,196.80
2 Married Employees of Board Plus Child(ren)	\$ 1,506.74	\$ 678.18	\$ 828.56	\$ 497.14

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

DELTA DENTAL RATES			
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

DELTA DENTAL RATES			
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

VSP VISION RATE		
Coverage Selected	Core Designer Plan	Platinum Plan (Two Pair Benefit)
Employee Only	\$ 2.57	\$ 6.52
Employee plus 1	\$ 5.13	\$ 13.04
Family	\$ 8.26	\$ 20.90

VSP VISION RATES		
Coverage Selected	Core Designer Plan	Platinum Plan (Two Pair Benefit)
Employee Only	\$ 3.08	\$ 7.82
Employee plus 1	\$ 6.15	\$ 15.64
Family	\$ 9.91	\$ 25.07



# 2024 PREMIUM RATE CHART

Plan Year: January 1, 2024 - December 31, 2024

## 24 Deductions Per Year

### THE STANDARD ACCIDENT

Coverage Selected	
Employee Only	\$ 6.09
Employee plus Spouse	\$ 9.53
EE plus Children	\$ 11.80
EE plus Spouse and Children	\$ 18.47

## 20 Deductions Per Year

### THE STANDARD ACCIDENT

Coverage Selected	
Employee Only	\$ 7.30
Employee plus Spouse	\$ 11.44
EE plus Children	\$ 14.16
EE plus Spouse and Children	\$ 22.16



# 2024 PREMIUM RATE CHART

Plan Year: January 1, 2024 - December 31, 2024

## 24 Deductions Per Year

## 20 Deductions Per Year

### THE STANDARD HOSPITAL PLAN CORE

Coverage Selected	
Employee Only	\$ 8.01
Employee plus Spouse	\$ 13.42
EE plus Children	\$ 11.45
EE plus Spouse and Children	\$ 20.06

### THE STANDARD HOSPITAL PLAN CORE

Coverage Selected	
Employee Only	\$ 9.61
Employee plus Spouse	\$ 16.10
EE plus Children	\$ 13.74
EE plus Spouse and Children	\$ 24.07

### THE STANDARD HOSPITAL PLAN PREMIER

Coverage Selected	
Employee Only	\$ 11.61
Employee plus Spouse	\$ 19.51
EE plus Children	\$ 16.52
EE plus Spouse and Children	\$ 28.93

### THE STANDARD HOSPITAL PLAN PREMIER

Coverage Selected	
Employee Only	\$ 13.93
Employee plus Spouse	\$ 23.41
EE plus Children	\$ 19.82
EE plus Spouse and Children	\$ 34.72



# 2024 PREMIUM RATE CHART

Plan Year: January 1, 2024 - December 31, 2024

## 24 Deductions Per Year

## 20 Deductions Per Year

### THE STANDARD CRITICAL ILLNESS PLAN WITH CANCER (FAMILY)

Coverage Selected	
\$ 10,000.00	\$ 6.98
\$ 20,000.00	\$ 13.95
\$ 30,000.00	\$ 20.93

\* Spouse and children are automatically included at 50% of the employee

### THE STANDARD CRITICAL ILLNESS PLAN WITH CANCER (FAMILY)

Coverage Selected	
\$ 10,000.00	\$ 8.37
\$ 20,000.00	\$ 16.74
\$ 30,000.00	\$ 25.11

\* Spouse and children are automatically included at 50% of the employee

### 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