

2022 – 2023 BENEFIT PLAN PREMIUMS

Below are the employee contribution amounts for benefits effective October 1, 2023, through September 30, 2023. Premiums will be deducted over 20 paychecks for all employees starting September 15, 2021. See your benefits guide for plan details and enrollment instructions.

Florida Health Care – HMO Plan		
	Employee Contribution	Per Pay Period
Single	\$103.75	\$62.25
Employee + Spouse	\$705.59	\$423.35
Employee + Children	\$571.84	\$343.10
Split Family*	\$270.93	\$162.56
Family	\$1,106.86	\$664.12

Florida Health Care Alt HMO 2 Plan		
	Employee Contribution	Per Pay Period
Single	\$0.00	\$0.00
Employee + Spouse	\$455.79	\$273.47
Employee + Children	\$348.33	\$209.00
Split Family*	\$106.59	\$63.95
Family	\$778.18	\$466.91

Florida Health Care – POS Plan		
	Employee Contribution	Per Pay Period
Single	\$107.72	\$64.63
Employee + Spouse	\$713.18	\$427.91
Employee + Children	\$578.62	\$347.17
Split Family*	\$275.93	\$165.56
Family	\$1,116.86	\$670.12

Florida Health Care – HRA Plan		
	Employee Contribution	Per Pay Period
Single	\$986.62	\$591.97
Employee + Spouse	\$2,383.73	\$1,430.24
Employee + Children	\$2,072.80	\$1,243.68
Split Family*	\$809.55	\$485.73
Family	\$3,314.10	\$1,988.46

*Split Family: Available to legally married couples who work for the district and reside at the same physical address. Split Family rates have been updated to reflect the rate per employee per pay period.

**Board Contribution - \$565 per month

Dental Plans

Solstice DPPO 11411 Plan		
	Employee Contribution	Per Pay Period
Single	\$25.46	\$15.28
Employee +1	\$46.76	\$28.06
Family	\$63.06	\$37.84

Solstice DHMO S200B Access + Plan		
	Employee Contribution	Per Pay Period
Single	\$13.75	\$8.25
Employee +1	\$23.66	\$13.60
Family	\$33.51	\$20.11

Vision Plan

VSP Vision Plan		
	Employee Contribution	Per Pay Period
Single	\$4.42	\$2.65
Family	\$12.18	\$7.31

Identity Theft

ID Watchdog Identity Theft Protection		
	Employee Contribution	Per Pay Period
Single	\$7.50	\$4.50
Family	\$13.50	\$8.10

Hospital Indemnity Insurance

Aetna Hospital Indemnity Insurance		
	Employee Contribution	Per Pay Period
Single	\$14.88	\$8.93
EE + Spouse	\$33.61	\$20.17
EE + Child	\$28.03	\$16.82
Family	\$45.64	\$27.38

Accident Insurance

Solstice DHMO S200B Access + Plan		
	Employee Contribution	Per Pay Period
Single	\$4.90	\$2.94
EE + Spouse	\$9.81	\$5.89
EE + Child	\$11.49	\$6.89
Family	\$14.03	\$8.42

PLEASE NOTE that Critical Illness, Supplemental Life and AD&D, Permanent Life, and Disability Insurance Rates are calculated based on factors such as your age, tobacco use, salary, and/or the amount of coverage you elect, and will be provided at the time of enrollment.