



VOLUSIA COUNTY SCHOOL DISTRICT INSURANCE RATE SHEET

OCTOBER 1, 2019 - SEPTEMBER 30, 2020

Premiums will be deducted over 20 checks for ALL employees starting on September 13th.

HEALTH INSURANCE

LEVEL OF COVERAGE	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>					
	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
SINGLE	\$980.20	\$588.12	\$100.45	\$60.27	\$66.72	\$40.03	\$0.00	\$0.00		
EMPLOYEE & CHILD(REN)	\$2,045.08	\$1,227.05	\$549.46	\$329.68	\$492.12	\$295.27	\$377.77	\$226.66		
EMPLOYEE & SPOUSE	\$2,349.91	\$1,409.95	\$677.74	\$406.64	\$613.67	\$368.20	\$485.88	\$291.53		
FAMILY	\$3,262.05	\$1,957.23	\$1,062.62	\$637.57	\$978.32	\$586.99	\$810.16	\$486.10		
SPLIT FAMILY*	\$2,721.05	\$816.32	\$521.62	\$156.49	\$437.32	\$131.20	\$269.16	\$80.75		
DISTRICT CONTRIBUTION	\$541.00		\$541.00		\$541.00		\$541.00			

*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" X 12 months, divided by 20 checks, divided by 2 employees) For HRA add \$30

NOTE: Currently AFSCME will only receive \$531 per month toward insurance contributions until the 2019-2020 contract is settled and ratified.

LEVEL OF COVERAGE	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	
SINGLE	\$21.74	\$13.04	\$13.52	\$8.11	\$8.22	\$4.93	\$0.00	\$0.00	\$6.50	\$3.90
EMPLOYEE PLUS 1 (SPOUSE OR CHILD)	\$43.95	\$26.37	\$35.73	\$21.44	\$18.88	\$11.33	\$10.66	\$6.40	N/A	N/A
FAMILY	\$62.14	\$37.28	\$53.92	\$32.35	\$31.85	\$19.11	\$23.63	\$14.18	\$18.60	\$11.16
DISTRICT CONTRIBUTION	\$8.22		\$16.44		\$8.22		\$16.44		\$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.

7/31/2019 @
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