



VOLUSIA COUNTY SCHOOL DISTRICT INSURANCE RATE SHEET

OCTOBER 1, 2020 - SEPTEMBER 30, 2021

Premiums will be deducted over 20 checks for ALL employees starting on September 15th.

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	\$1,000.62	\$600.37	\$102.51	\$61.51	\$68.15	\$40.89	\$0.00	\$0.00		
EMPLOYEE & CHILD(REN)	\$2,086.80	\$1,252.08	\$559.96	\$335.98	\$501.55	\$300.93	\$385.05	\$231.03		
EMPLOYEE & SPOUSE	\$2,397.73	\$1,438.64	\$690.66	\$414.40	\$625.38	\$375.23	\$495.19	\$297.11		
FAMILY	\$3,328.10	\$1,996.86	\$1,082.78	\$649.67	\$996.90	\$598.14	\$825.58	\$495.35		
SPLIT FAMILY*	\$1,413.55	\$848.13	\$265.89	\$159.53	\$222.95	\$133.77	\$137.29	\$82.37		
DISTRICT CONTRIBUTION	\$551.00		\$551.00		\$551.00		\$551.00			

*SPLIT-FAMILY: AVAILABLE TO LEGALLY MARRIED COUPLES WHO WORK FOR THE DISTRICT AND RESIDE AT THE SAME PHYSICAL ADDRESS. **"EMPLOYEE COST PER PAYCHECK" and "MONTHLY PREMIUM" SHOWN IS WHAT EACH EMPLOYEE/SPOUSE PAYS.** (Calculation = Family Monthly Premium less Additional "District Contribution" X 12 months, divided by 20 checks, divided by 2 employees) For HRA add \$30

LEVEL OF COVERAGE	DENTAL INSURANCE								VISION INSURANCE	
	SOLSTICE DENTAL DPO				SOLSTICE DENTAL DMO				VISION	
									SERVICE PLAN	
	VUE/Non Bargaining		AFSCME/VESA		VUE/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	\$18.59	\$11.15	\$11.71	\$7.03	\$6.88	\$4.13	\$0.00	\$0.00	\$4.42	\$2.65
EMPLOYEE PLUS 1 (SPOUSE OR CHILD)	\$37.47	\$22.48	\$30.59	\$18.35	\$15.79	\$9.47	\$8.91	\$5.35	N/A	N/A
FAMILY	\$52.92	\$31.75	\$46.04	\$27.62	\$26.64	\$15.98	\$19.76	\$11.86	\$12.18	\$7.31
DISTRICT CONTRIBUTION	\$6.88		\$13.75		\$6.88		\$13.75		\$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.

5/27/2020 @
3:08 p.m.