



2020 PREMIUM RATE CHART

Plan Year: January 1, 2020 - December 30, 2020

24 Deductions Per Year

Florida Blue HMO BASIC PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ -	\$ 292.56	\$ 585.12
Employee Plus Child(ren)	\$ 181.07	\$ 292.56	\$ 947.26
Employee Plus Spouse	\$ 274.95	\$ 292.56	\$ 1,135.02
Employee Plus Spouse and Child(ren)	\$ 456.33	\$ 292.56	\$ 1,497.78
2 Married Employees of Board Plus Child(ren)	\$ 153.72	\$ 292.56	\$ 892.56

Florida Blue HMO PREMIUM PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 37.50	\$ 292.56	\$ 660.12
Employee Plus Child(ren)	\$ 297.72	\$ 292.56	\$ 1,180.56
Employee Plus Spouse	\$ 424.74	\$ 292.56	\$ 1,434.60
Employee Plus Spouse and Child(ren)	\$ 682.62	\$ 292.56	\$ 1,950.36
2 Married Employees of Board Plus Child(ren)	\$ 267.28	\$ 292.56	\$ 1,119.68

Florida Blue PPO STANDARD PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 80.00	\$ 292.56	\$ 745.12
Employee Plus Child(ren)	\$ 353.88	\$ 292.56	\$ 1,292.88
Employee Plus Spouse	\$ 502.76	\$ 292.56	\$ 1,590.64
Employee Plus Spouse and Child(ren)	\$ 784.31	\$ 292.56	\$ 2,153.74
2 Married Employees of Board Plus Child(ren)	\$ 319.93	\$ 292.56	\$ 1,224.98

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

20 Deductions Per Year

Florida Blue HMO BASIC PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ -	\$ 351.07	\$ 585.12
Employee Plus Child(ren)	\$ 217.28	\$ 351.07	\$ 947.26
Employee Plus Spouse	\$ 329.94	\$ 351.07	\$ 1,135.02
Employee Plus Spouse and Child(ren)	\$ 547.60	\$ 351.07	\$ 1,497.78
2 Married Employees of Board Plus Child(ren)	\$ 184.47	\$ 351.07	\$ 892.56

Florida Blue HMO PREMIUM PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 45.00	\$ 351.07	\$ 660.12
Employee Plus Child(ren)	\$ 357.26	\$ 351.07	\$ 1,180.56
Employee Plus Spouse	\$ 509.69	\$ 351.07	\$ 1,434.60
Employee Plus Spouse and Child(ren)	\$ 819.14	\$ 351.07	\$ 1,950.36
2 Married Employees of Board Plus Child(ren)	\$ 320.74	\$ 351.07	\$ 1,119.68

Florida Blue PPO STANDARD PLAN

Coverage Selected	Employee PER PAY Deduction	Pasco Schools Contribution PER PAY	MONTHLY Premium
Employee Only	\$ 96.00	\$ 351.07	\$ 745.12
Employee Plus Child(ren)	\$ 424.65	\$ 351.07	\$ 1,292.88
Employee Plus Spouse	\$ 603.31	\$ 351.07	\$ 1,590.64
Employee Plus Spouse and Child(ren)	\$ 941.17	\$ 351.07	\$ 2,153.74
2 Married Employees of Board Plus Child(ren)	\$ 383.92	\$ 351.07	\$ 1,224.98

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

24 Deductions Per Year

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

VISION RATE

Coverage Selected	Option I Designer CC#2825	Option II Premier Platinum Plus CC#2826	Option III Premier Platinum Plus (Two Pair Benefit) CC#2827
Employee Only	\$ 6.30	\$ 9.84	\$ 16.29
Employee plus 1	\$ 11.32	\$ 17.71	\$ 29.32
Family	\$ 17.62	\$ 27.55	\$ 45.62

20 Deductions Per Year

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

VISION RATES

Coverage Selected	Option I Designer CC#2825	Option II Premier Platinum Plus CC#2826	Option III Premier Platinum Plus (Two Pair Benefit) CC#2827
Employee Only	\$ 7.55	\$ 11.81	\$ 19.55
Employee plus 1	\$ 13.58	\$ 21.25	\$ 35.18
Family	\$ 21.14	\$ 33.06	\$ 54.74

Legal and Identity Theft

Employee plus Family	24 Deduct	20 Deduct
Ultimate Advisor	\$ 9.13	\$ 10.96
Ultimate Advisor Plus	\$ 10.98	\$ 13.17