

# Your 2023 - 2024 Benefits Program Employee Rates

## Medical

Florida Health Care Plans	HMO		HMO2		TRIPLE OPTION	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$103.75	\$62.25	\$0.00	\$0.00	\$107.72	\$64.63
Employee + One Child	\$464.87	\$278.92	\$262.38	\$157.43	\$471.02	\$282.61
Employee + Two or more Children	\$705.60	\$423.36	\$455.80	\$273.48	\$713.18	\$427.91
Employee + Spouse	\$705.60	\$423.36	\$455.80	\$273.48	\$713.18	\$427.91
Employee + Family	\$1,106.86	\$664.12	\$778.18	\$466.91	\$1,116.86	\$670.12
*Split Family	\$270.93	\$162.56	\$106.59	\$63.95	\$275.93	\$165.56
VCS Board Contribution	\$565.00		\$565.00		\$565.00	

- \* SPLIT-FAMILY MEDICAL PLAN RATES ARE AVAILABLE TO LEGALLY MARRIED COUPLES WHO WORK FOR THE DISTRICT AND RESIDE AT THE SAME PHYSICAL ADDRESS. (Each employee pays the premium listed.)
- \* Cost per paycheck calculation = Family Monthly Premium less additional "VCS Board Contribution" X 12 months, divided by 20 checks, divided by 2 employees. The benefit of choosing the split-family plan is each employee gets a VCS Contribution toward one family medical plan.
- \* Premiums will be deducted over 20 checks for ALL employees beginning on the first check in September. All "Per Paycheck" 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 monthly premiums will be collected for coverage through September 30th.

## Dental

Delta Dental	Dental DPPO		Dental DHMO	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$24.01	\$14.41	\$13.07	\$7.84
Employee + One	\$44.09	\$26.45	\$22.49	\$13.49
Employee + Family	\$59.46	\$35.68	\$31.86	\$19.12

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## Vision

Vision Service Plan	VSP Vision Plan	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$4.31	\$2.59
Employee + One	N/A	N/A
Employee + Family	\$11.88	\$7.13

## Accident

Aetna	Aetna Accident Insurance	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$4.75	\$2.85
Employee + Spouse	\$9.52	\$5.71
Employee + Child(ren)	\$11.15	\$6.69
Employee + Family	\$13.61	\$8.17

## Identity Theft

ID Watchdog	ID Theft Protection	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$7.50	\$4.50
Employee + One	\$13.50	\$8.10

## Hospital Indemnity

Aetna	Aetna Hospital Indemnity Insurance	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$13.60	\$8.16
Employee + Spouse	\$30.55	\$18.33
Employee + Child(ren)	\$25.87	\$15.52
Employee + Family	\$41.97	\$25.18

## Life, Disability, & Critical Illness

Please Note that Supplemental Life and AD&D, Permanent Life, Disability, & Critical Illness 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 in the primeBENEFITS System.