



## 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 August 31st.

### HEALTH INSURANCE

| LEVEL OF COVERAGE     | FLORIDA BLUE                                                              |                            |                 |                            | FLORIDA HEALTH CARE                                                       |                            |                 |                            |                 |                            |
|-----------------------|---------------------------------------------------------------------------|----------------------------|-----------------|----------------------------|---------------------------------------------------------------------------|----------------------------|-----------------|----------------------------|-----------------|----------------------------|
|                       | <br>An Independent Licensee of the Blue Cross and Blue Shield Association |                            |                 |                            | <br>An Independent Licensee of the Blue Cross and Blue Shield Association |                            |                 |                            |                 |                            |
|                       | 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<br>(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.

4/30/2019 @  
8:00pm