



# 2018 RATE SHEET

## HEALTH INSURANCE

Blue Care HMO Plan (10)	EE Only (college paid)	+Spouse	+Child(ren)	+Family
<b>Monthly Rates</b>	\$722.00	\$696.00	\$379.00	\$1,039.00
12-Month Employee 24-Biweekly	\$361.00	\$348.00	\$189.50	\$519.50
9-Month Employee 17-Biweekly	\$508.13	\$489.91	\$266.69	\$731.25

Blue Options PPO Plan (3562)	EE Only (college paid)	+Spouse	+Child(ren)	+Family
<b>Monthly Rates</b>	\$678.00	\$657.00	\$358.00	\$978.00
12-Month Employee 24-Biweekly	\$339.00	\$328.50	\$179.00	\$489.00
9-Month Employee 17-Biweekly	\$477.23	\$462.44	\$252.00	\$688.39

H.S.A. Blue Options PPO Plan (5190/5191)	EE Only (college paid)	+Spouse	+Family
<b>Monthly Rates</b>	\$393.00	\$381.00	\$567.00
12-Month Employee 24-Biweekly	\$196.50	\$190.50	\$283.50
9-Month Employee 17-Biweekly	\$277.42	\$268.95	\$400.24

## HEALTH WAIVER (DELTA DENTAL & VSP VISION PLAN)

<b>MONTHLY RATES</b>	EE ONLY (COLLEGE- PAID) \$111.00	+SPOUSE \$33.14	+CHILD(REN) \$33.95	+FAMILY \$73.75
24-BIWEEKLY DEDUCTIONS	\$55.50	\$16.57	\$16.98	\$36.88
17-BIWEEKLY DEDUCTIONS	\$78.36	\$23.40	\$23.97	\$52.06

## BASIC / AD&D LIFE INSURANCE COVERAGE

### Group 1

All full-time employees of Pensacola State College earning less than \$50,000 are eligible to participate in the college-provided **Basic and AD&D Life Insurance Policy of \$50,000.00. No cost to employee.**

### Group 2

All full-time employees of Pensacola State College earning more than \$50,000 are eligible to participate in the college-provided Basic and AD&D Life Insurance Policy of \$50,000.00. In addition, employees may purchase an added level of coverage amount of \$25,000 for a total **Basic and AD&D Life Insurance Policy of \$75,000. The monthly cost to employee is \$4.98.**

### Group 3

All full-time employees of Pensacola State College earning more than \$75,000 are eligible to participate in the college-provided Basic and AD&D Life Insurance Policy of \$50,000.00. In addition, employees may purchase an added level of coverage amount of \$50,000 for a total **Basic and AD&D Life Insurance Policy of \$100,000. The monthly cost to employee is \$9.96.**

## SUPPLEMENTAL / AD&D LIFE INSURANCE COVERAGE

### Option 1

1 x annual earnings, rounded to the nearest multiple of \$1,000.

### Option 2

2 x annual earnings, rounded to the nearest multiple of \$1,000.

### Option 3

3 x annual earnings, rounded to the nearest multiple of \$1,000.

$$\frac{\text{Annual Salary Option} * \text{Total Coverage}}{\$1,000} = \text{Monthly Rate} * 0.277 = \frac{\text{24-Biweekly Deduction}}{2}$$

$$\frac{\text{Annual Salary} * \text{Option} * \text{Total Coverage}}{\$1,000} = \text{Monthly Rate} * 0.277 = \frac{\text{Annual} * 12}{17} = \text{17-Biweekly Deduction}$$

## DEPENDENT LIFE INSURANCE COVERAGE

<b>MONTHLY RATES</b>	<b>\$3.16</b>
<b>24-BIWEEKLY DEDUCTIONS</b>	<b>\$1.58</b>
<b>17-BIWEEKLY DEDUCTIONS</b>	<b>\$2.24</b>

## OPTIONAL AMERITAS *DENTAL*

<b>LOW PLAN</b> MONTHLY RATES	<b>EE ONLY</b> \$27.16	<b>EE+SPOUSE</b> \$54.88	<b>EE+CHILD(REN)</b> \$63.56	<b>EE+FAMILY</b> \$91.28
24-BIWEEKLY DEDUCTIONS	\$13.58	\$27.44	\$31.78	\$45.64
17-BIWEEKLY DEDUCTIONS	\$19.17	\$38.74	\$44.87	\$64.44

<b>HIGH PLAN</b> MONTHLY RATES	<b>EE ONLY</b> \$37.72	<b>EE+SPOUSE</b> \$81.96	<b>EE+CHILD(REN)</b> \$94.88	<b>EE+FAMILY</b> \$139.12
24-BIWEEKLY DEDUCTIONS	\$18.86	\$40.98	\$47.44	\$69.56
17-BIWEEKLY DEDUCTIONS	\$26.63	\$57.86	\$66.98	\$98.21

## OPTIONAL AMERITAS *VISION*

<b>EYEMED – VIEWPOINTE</b> MONTHLY RATES	<b>EE ONLY</b> \$7.16	<b>EE+SPOUSE</b> \$14.24	<b>EE+CHILD(REN)</b> \$13.40	<b>EE+FAMILY</b> \$20.48
24-BIWEEKLY DEDUCTIONS	\$3.58	\$7.12	\$6.70	\$10.24
17-BIWEEKLY DEDUCTIONS	\$5.06	\$10.06	\$9.46	\$14.46

<b>VSP – FOCUS</b> MONTHLY RATES	<b>EE ONLY</b> \$7.56	<b>EE+SPOUSE</b> \$15.12	<b>EE+CHILD(REN)</b> \$14.04	<b>EE+FAMILY</b> \$21.60
24-BIWEEKLY DEDUCTIONS	\$3.78	\$7.56	\$7.02	\$10.80
17-BIWEEKLY DEDUCTIONS	\$5.34	\$10.68	\$9.92	\$15.25

## OPTIONAL DISABILITY PLANS

Premium monthly rates are paid per \$100 of covered monthly earnings and determine by age and salary.