# 2022 RATE SHEET 26 and 19 Deduction Amounts



## **HEALTH INSURANCE**

BLUE CARE HMO (55) MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$896.00	+SPOUSE \$866.00	+CHILD(REN) \$472.00	+FAMILY \$1,290.00
26-BIWEEKLY DEDUCTIONS	\$413.54	\$399.69	\$217.85	\$595.38
19-BIWEEKLY DEDUCTIONS	\$565.89	\$546.95	\$298.11	\$814.74
BLUE OPTIONS PPO (3766) MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$843.00	+SPOUSE \$817.00	+CHILD(REN) \$446.00	+FAMILY \$1,216.00
26-BIWEEKLY DEDUCTIONS	\$389.08	\$377.08	\$205.85	\$561.23
19-BIWEEKLY DEDUCTIONS	\$532.42	\$516.00	\$281.68	\$768.00
HEALTH SAVINGS ACCOUNT BLUE OPTIONS PPO (5190/5191)	EE ONLY (COLLEGE-PAID) \$490.00	+SPOUSE \$474.00	+CHILD(REN) \$259.00	+FAMILY \$705.00
26-BIWEEKLY DEDUCTIONS	\$226.15	\$218.77	\$119.54	\$325.38
19-BIWEEKLY DEDUCTIONS	\$309.47	\$299.37	\$163.58	\$445.26

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

MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$111.00	+SPOUSE \$29.59	+CHILD(REN) \$30.32	+FAMILY \$65.71
26-BIWEEKLY DEDUCTIONS	\$51.23	\$13.66	\$13.99	\$30.33
19-BIWEEKLY DEDUCTIONS	\$70.11	\$18.69	\$19.15	\$41.50

## BASIC / AD&D LIFE INSURANCE COVERAGE

#### **Group 1**

All full-time employees of Pensacola State College earning <u>less than \$50,000</u> 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 \$3.23**.

#### **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 \$6.46**.

## SUPPLEMENTAL / AD&D LIFE INSURANCE COVERAGE

#### Option 1

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

#### Option 2

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

#### Option 3

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

### DEPENDENT LIFE INSURANCE COVERAGE

MONTHLY RATES	\$3.16
26-BIWEEKLY DEDUCTIONS	\$1.46
19-BIWEEKLY DEDUCTIONS	\$2.00

## **OPTIONAL AMERITAS DENTAL**

LOW PLAN	EE ONLY	EE+SPOUSE	EE+CHILD(REN)	EE+FAMILY
MONTHLY RATES	\$28.00	\$56.56	\$65.52	\$94.04
26-BIWEEKLY DEDUCTIONS	\$12.92	\$26.10	\$30.24	\$43.40
19-BIWEEKLY DEDUCTIONS	\$17.68	\$35.72	\$41.38	\$59.39

HIGH PLAN MONTHLY RATES	EE ONLY \$38.88	EE+SPOUSE \$84.48	EE+CHILD(REN) \$97.76	EE+FAMILY \$143.32
26-BIWEEKLY DEDUCTIONS	\$17.94	\$38.99	\$45.12	\$66.15
19-BIWEEKLY DEDUCTIONS	\$24.56	\$53.36	\$61.74	\$90.52

## **OPTIONAL AMERITAS VISION**

EYEMED - VIEWPOINTE	EE ONLY	EE+SPOUSE	EE+CHILD(REN)	EE+FAMILY
MONTHLY RATES	\$8.20	\$16.32	\$15.36	\$23.48
26-BIWEEKLY DEDUCTIONS	\$3.78	\$7.53	\$7.09	\$10.84
19-BIWEEKLY DEDUCTIONS	\$5.18	\$10.31	\$9.70	\$14.83

<u>VSP – FOCUS</u> MONTHLY RATES	EE ONLY \$8.68	EE+SPOUSE \$17.36	EE+CHILD(REN) \$16.12	EE+FAMILY \$24.72
26-BIWEEKLY DEDUCTIONS	\$4.01	\$8.01	\$7.44	\$11.41
19-BIWEEKLY DEDUCTIONS	\$5.48	\$10.96	\$10.18	\$15.62

# OPTIONAL DISABILITY PLANS

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