

2024 RATE SHEET

26 and 19 Deduction Amounts



HEALTH INSURANCE

BLUE CARE HMO (47) MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$875	+SPOUSE	+CHILD(REN)	+FAMILY
26-BIWEEKLY DEDUCTIONS	\$404	\$444	\$282	\$767
19-BIWEEKLY DEDUCTIONS	\$553	\$608	\$385	\$1050

BLUE OPTIONS PPO (3359) MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$856	+SPOUSE	+CHILD(REN)	+FAMILY
26-BIWEEKLY DEDUCTIONS	\$395	\$435	\$275	\$750
19-BIWEEKLY DEDUCTIONS	\$541	\$595	\$376	\$1027

HEALTH SAVINGS ACCOUNT BLUE OPTIONS PPO (3160/3161)	EE ONLY (COLLEGE-PAID) \$815	+SPOUSE	+CHILD(REN)	+FAMILY
26-BIWEEKLY DEDUCTIONS	\$376	\$312	\$170	\$462
19-BIWEEKLY DEDUCTIONS	\$515	\$428	\$232	\$632

HEALTH WAIVER (DELTA DENTAL & VSP VISION PLAN)

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

BASIC LIFE AND AD&D INSURANCE COVERAGE

Group 1

All full-time employees of Pensacola State College are eligible and covered by the college provided **Basic Life and Accidental Death and Dismemberment (AD&D) Insurance Policy of \$75,000. There is no cost to the employee.**

Group 2

All full-time employees of Pensacola State College may purchase an additional amount of coverage of \$25,000 for a total of \$100,000 for **Basic Life and AD&D Insurance Policy of \$75,000. The monthly cost to employee is \$4.02 (26-pay is \$1.86; 19-pay is \$2.53).**

***The policy has an age reduction beginning at age 65.**

Maximum coverage is \$100,000.

SUPPLEMENTAL LIFE AND AD&D INSURANCE COVERAGE

Option 1

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

Maximum Coverage is \$300,000

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.

$$\frac{\text{Annual Salary}}{\text{Option}} * \text{Total Coverage} = \frac{\text{Total Coverage}}{\$1,000} = \text{Monthly Rate} * 0.277 = \text{Annual} * 12 = \text{26-Biweekly Deduction} / 26 =$$

$$\frac{\text{Annual Salary}}{\text{Option}} * \text{Total Coverage} = \frac{\text{Total Coverage}}{\$1,000} = \text{Monthly Rate} * 0.277 = \text{Annual} * 12 = \text{19-Biweekly Deduction} / 19 =$$

DEPENDENT LIFE INSURANCE COVERAGE (SPOUSE AND/OR CHILDREN)

MONTHLY RATES	\$4.00
26-BIWEEKLY DEDUCTIONS	\$1.85
19-BIWEEKLY DEDUCTIONS	\$2.53

OPTIONAL AMERITAS DENTAL

LOW PLAN MONTHLY RATES	EE ONLY \$28.00	EE+SPOUSE \$56.56	EE+CHILD(REN) \$65.52	EE+FAMILY \$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 MONTHLY RATES	EE ONLY \$8.52	EE+SPOUSE \$16.96	EE+CHILD(REN) \$15.96	EE+FAMILY \$24.40
26-BIWEEKLY DEDUCTIONS	\$3.93	\$7.83	\$7.37	\$11.26
19-BIWEEKLY DEDUCTIONS	\$5.38	\$10.71	\$10.08	\$15.41

VSP – FOCUS MONTHLY RATES	EE ONLY \$9.04	EE+SPOUSE \$18.08	EE+CHILD(REN) \$16.80	EE+FAMILY \$25.72
26-BIWEEKLY DEDUCTIONS	\$4.17	\$8.34	\$7.75	\$11.87
19-BIWEEKLY DEDUCTIONS	\$5.71	\$11.42	\$10.61	\$16.24

OPTIONAL DISABILITY PLANS

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

Additional benefits should be reviewed for level of coverage and costs. (AFLAC, American Heritage, and Legal Shield, ID Shield.)