

2021 RATE SHEET

26 and 19 Deduction Amounts



HEALTH INSURANCE

BLUE CARE HMO (55) MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$858.00	+SPOUSE \$829.00	+CHILD(REN) \$452.00	+FAMILY \$1,235.00
26-BIWEEKLY DEDUCTIONS	\$396.00	\$382.62	\$208.62	\$570.00
19-BIWEEKLY DEDUCTIONS	\$541.89	\$523.58	\$285.47	\$780.00

BLUE OPTIONS PPO (3766) MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$807.00	+SPOUSE \$782.00	+CHILD(REN) \$427.00	+FAMILY \$1,164.00
26-BIWEEKLY DEDUCTIONS	\$372.46	\$360.92	\$197.08	\$537.23
19-BIWEEKLY DEDUCTIONS	\$509.68	\$493.89	\$267.68	\$735.15

HEALTH SAVINGS ACCOUNT BLUE OPTIONS PPO (5190/5191)	EE ONLY (COLLEGE-PAID) \$469.00	+SPOUSE \$454.00	+CHILD(REN) \$248.00	+FAMILY \$675.00
26-BIWEEKLY DEDUCTIONS	\$216.46	\$209.54	\$114.46	\$311.54
19-BIWEEKLY DEDUCTIONS	\$296.21	\$286.74	\$156.63	\$426.32

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 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 \$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.

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

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

DEPENDENT LIFE INSURANCE COVERAGE

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

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

VSP – FOCUS 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.