

2023 RATE SHEET

26 and 19 Deduction Amounts



HEALTH INSURANCE

BLUE CARE HMO (47) MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$827	+SPOUSE	+CHILD(REN)	+FAMILY
26-BIWEEKLY DEDUCTIONS	\$382	\$420	\$241	\$660
19-BIWEEKLY DEDUCTIONS	\$522	\$575	\$330	\$903

BLUE OPTIONS PPO (3359) MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$809	+SPOUSE	+CHILD(REN)	+FAMILY
26-BIWEEKLY DEDUCTIONS	\$373	\$411	\$228	\$622
19-BIWEEKLY DEDUCTIONS	\$511	\$562	\$312	\$851

HEALTH SAVINGS ACCOUNT BLUE OPTIONS PPO (3160/3161)	EE ONLY (COLLEGE-PAID) \$771	+SPOUSE	+CHILD(REN)	+FAMILY
26-BIWEEKLY DEDUCTIONS	\$356	\$243	\$132	\$360
19-BIWEEKLY DEDUCTIONS	\$487	\$332	\$181	\$493

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 / 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. 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 \$4.02.**

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. 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 \$8.05.**

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	\$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 \$8.20	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.