

# 2023 RATE SHEET

## 26 and 19 Deduction Amounts



### HEALTH INSURANCE

<b>BLUE CARE HMO (47)</b> MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$827	+SPOUSE \$910	+CHILD(REN) \$523	+FAMILY \$1,431
26-BIWEEKLY DEDUCTIONS	\$382	\$420	\$241	\$660
19-BIWEEKLY DEDUCTIONS	\$522	\$575	\$330	\$903

<b>BLUE OPTIONS PPO (3359)</b> MONTHLY RATES	EE ONLY (COLLEGE-PAID) \$809	+SPOUSE \$891	+CHILD(REN) \$495	+FAMILY \$1,349
26-BIWEEKLY DEDUCTIONS	\$373	\$411	\$228	\$622
19-BIWEEKLY DEDUCTIONS	\$511	\$562	\$312	\$851

<b>HEALTH SAVINGS ACCOUNT BLUE OPTIONS PPO (3160/3161)</b>	EE ONLY (COLLEGE-PAID) \$775	+SPOUSE \$526	+CHILD(REN) \$287	+FAMILY \$782
26-BIWEEKLY DEDUCTIONS	\$358	\$243	\$132	\$360
19-BIWEEKLY DEDUCTIONS	\$489	\$332	\$181	\$493

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

<b><u>MONTHLY RATES</u></b>	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. 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*

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

<b>HIGH PLAN</b> MONTHLY RATES	<b>EE ONLY</b> \$38.88	<b>EE+SPOUSE</b> \$84.48	<b>EE+CHILD(REN)</b> \$97.76	<b>EE+FAMILY</b> \$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*

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

<b>VSP – FOCUS</b> MONTHLY RATES	<b>EE ONLY</b> \$8.68	<b>EE+SPOUSE</b> \$17.36	<b>EE+CHILD(REN)</b> \$16.12	<b>EE+FAMILY</b> \$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.