



2019 RATE SHEET

HEALTH INSURANCE

BLUE CARE HMO (55) MONTHLY RATES	EE ONLY (COLLEGE- PAID) \$774.00	+SPOUSE \$747.00	+CHILD(REN) \$407.00	+FAMILY \$1,114.00
24-BIWEEKLY DEDUCTIONS	\$387.00	\$373.50	\$203.50	\$557.00
17-BIWEEKLY DEDUCTIONS	\$548.30	\$529.14	\$288.35	\$789.14

BLUE OPTIONS PPO (3766) MONTHLY RATES	EE ONLY (COLLEGE- PAID) \$727.00	+SPOUSE \$705.00	+CHILD(REN) \$384.00	+FAMILY \$1,049.00
24-BIWEEKLY DEDUCTIONS	\$363.50	\$352.50	\$192.00	\$524.50
17-BIWEEKLY DEDUCTIONS	\$514.97	\$499.40	\$272.00	\$743.06

HEALTH SAVINGS ACCOUNT BLUE OPTIONS PPO (5190.5191)	EE ONLY (COLLEGE- PAID) \$422.00	+SPOUSE \$409.00	+CHILD(REN) \$223.00	+FAMILY \$608.00
24-BIWEEKLY DEDUCTIONS	\$211.00	\$204.50	\$111.50	\$304.00
17-BIWEEKLY DEDUCTIONS	\$298.50	\$289.30	\$154.03	\$430.06

HEALTH WAIVER (DELTA DENTAL & VSP VISION PLAN)

MONTHLY RATES	EE ONLY (COLLEGE- PAID) \$111.00	+SPOUSE \$24.74	+CHILD(REN) \$25.18	+FAMILY \$56.70
24-BIWEEKLY DEDUCTIONS	\$55.50	\$12.37	\$12.59	\$28.35
17-BIWEEKLY DEDUCTIONS	\$78.36	\$17.46	\$17.77	\$40.03

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 \$4.98.**

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 \$9.96.**

SUPPLEMENTAL / AD&D LIFE INSURANCE COVERAGE

Option 1

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

Option 2

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

Option 3

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

$$\frac{\text{Annual Salary Option}}{\text{Total Coverage}} * \text{Total Coverage} = \frac{\text{Total Coverage}}{\$1,000} = \frac{\text{Total Coverage}}{\$1,000} * 0.277 = \frac{\text{Total Coverage}}{\$1,000} * 0.277 * 12 = \frac{\text{Total Coverage}}{\$1,000} * 3.324 = \frac{\text{Total Coverage}}{\$1,000} * 3.324 / 17 = \frac{\text{Total Coverage}}{\$1,000} * 0.1955$$

Annual Salary Option Total Coverage Monthly Rate 24-Biweekly Deduction

$$\frac{\text{Annual Salary}}{\text{Option}} * \text{Option} = \frac{\text{Annual Salary}}{\text{Option}} * \text{Option} / \$1,000 = \frac{\text{Annual Salary}}{\text{Option}} * \text{Option} / \$1,000 * 0.277 = \frac{\text{Annual Salary}}{\text{Option}} * \text{Option} / \$1,000 * 0.277 * 12 = \frac{\text{Annual Salary}}{\text{Option}} * \text{Option} / \$1,000 * 3.324 = \frac{\text{Annual Salary}}{\text{Option}} * \text{Option} / \$1,000 * 3.324 / 17 = \frac{\text{Annual Salary}}{\text{Option}} * \text{Option} / \$1,000 * 0.1955$$

Annual Salary Option Total Coverage Monthly Rate Annual 17-Biweekly Deduction

DEPENDENT LIFE INSURANCE COVERAGE

MONTHLY RATES	\$3.16
24-BIWEEKLY DEDUCTIONS	\$1.58
17-BIWEEKLY DEDUCTIONS	\$2.24

OPTIONAL AMERITAS DENTAL

LOW PLAN MONTHLY RATES	EE ONLY \$27.16	EE+SPOUSE \$54.88	EE+CHILD(REN) \$63.56	EE+FAMILY \$91.28
24-BIWEEKLY DEDUCTIONS	\$13.58	\$27.44	\$31.78	\$45.64
17-BIWEEKLY DEDUCTIONS	\$19.17	\$38.74	\$44.87	\$64.44

HIGH PLAN MONTHLY RATES	EE ONLY \$37.72	EE+SPOUSE \$81.96	EE+CHILD(REN) \$94.88	EE+FAMILY \$139.12
24-BIWEEKLY DEDUCTIONS	\$18.86	\$40.98	\$47.44	\$69.56
17-BIWEEKLY DEDUCTIONS	\$26.63	\$57.86	\$66.98	\$98.21

OPTIONAL AMERITAS VISION

EYEMED – VIEWPOINTE MONTHLY RATES	EE ONLY \$7.80	EE+SPOUSE \$15.52	EE+CHILD(REN) \$14.60	EE+FAMILY \$22.32
24-BIWEEKLY DEDUCTIONS	\$3.90	\$7.76	\$7.30	\$11.16
17-BIWEEKLY DEDUCTIONS	\$5.51	\$10.96	\$10.31	\$15.76

VSP – FOCUS MONTHLY RATES	EE ONLY \$8.24	EE+SPOUSE \$16.48	EE+CHILD(REN) \$15.32	EE+FAMILY \$23.52
24-BIWEEKLY DEDUCTIONS	\$4.12	\$8.24	\$7.66	\$11.76
17-BIWEEKLY DEDUCTIONS	\$5.82	\$11.63	\$10.81	\$16.60

OPTIONAL DISABILITY PLANS

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