Flagler County Schools Insurance Rates

September 1st, 2021 - August 31st, 2022

If the first check you receive is after 8/15/2021 or if your full-time hire date is 9/1/2021 or later, the Per Pay Premium (PPP) amount will be adjusted to reflect the annual cost of the eligible coverage over the remaining number of deductions in the plan year at the time of election.

Quantum & Florida Blue - H.S.A. Plan				
Level of Coverage	**Total Cost (Board + Employee)**	**Board Contribution**	**Employee Premium (Monthly)**	**Employee Premium (Per Pay)**
Employee	$629.05	$562.11	$66.94	$36.51
Employee & Spouse	$1,539.53	$562.11	$977.42	$533.14
Employee & Child(ren)	$1,459.25	$562.11	$897.14	$489.35
Family	$1,867.73	$562.11	$1,305.62	$712.16

Quantum & Florida Blue - Standard Plan				
Level of Coverage	**Total Cost (Board + Employee)**	**Board Contribution**	**Employee Premium (Monthly)**	**Employee Premium (Per Pay)**
Employee	$650.87	$562.11	$88.76	$48.41
Employee & Spouse	$1,572.30	$562.11	$1,010.19	$551.01
Employee & Child(ren)	$1,490.38	$562.11	$928.27	$506.33
Family	$1,907.47	$562.11	$1,345.36	$733.83

Quantum & Florida Blue - 7JP Premium Plan				
Level of Coverage	**Total Cost (Board + Employee)**	**Board Contribution**	**Employee Premium (Monthly)**	**Employee Premium (Per Pay)**
Employee	$846.01	$562.11	$283.90	$154.85
Employee & Spouse	$2,001.20	$562.11	$1,439.09	$784.96
Employee & Child(ren)	$1,897.12	$562.11	$1,335.01	$728.19
Family	$2,426.98	$562.11	$1,864.87	$1,017.20

Florida Combined Life Dental - CoPay Plan				
Level of Coverage	**Total Cost (Board + Employee)**	**Board Contribution**	**Employee Premium (Monthly)**	**Employee Premium (Per Pay)**
Employee	$18.28	$18.28	$0.00	$0.00
Employee + 1 Dependent	$35.12	$20.28	$14.84	$8.09
Family	$52.65	$20.28	$32.37	$17.66

Florida Combined Life Dental - PPO Plan				
Level of Coverage	**Total Cost (Board + Employee)**	**Board Contribution**	**Employee Premium (Monthly)**	**Employee Premium (Per Pay)**
Employee	$30.78	$20.28	$10.50	$5.73
Employee + 1 Dependent	$54.66	$20.28	$34.38	$18.75
Family	$81.93	$20.28	$61.65	$33.63

Aetna Preferred Vision Plan				
Level of Coverage	**Total Cost (Board + Employee)**	**Board Contribution**	**Employee Premium (Monthly)**	**Employee Premium (Per Pay)**
Employee	$5.60	$5.60	$0.00	$0.00
Employee & Spouse	$13.73	$5.60	$8.13	$4.43
Employee & Child(ren)	$16.31	$5.60	$10.71	$5.84
Family	$23.15	$5.60	$17.55	$9.57

Symetra Basic & Admin Life Insurance				
Level of Coverage	**Total Cost (Board + Employee)**	**Board Contribution**	**Employee Premium (Monthly)**	**Employee Premium (Per Pay)**
Basic Life $20,000	$0.90	$0.90	$0.00	$0.00
Basic Life Admin $25,000	$1.13	$1.13	$0.00	$0.00

Symetra Dependent Life Insurance				
Level of Coverage	**Total Cost (Board + Employee)**	**Board Contribution**	**Employee Premium (Monthly)**	**Employee Premium (Per Pay)**
Dependent Life Option 1	$1.49	$0.00	$1.49	$0.81
Spouse Coverage Value	$10,000.00	** Guaranteed Value*		
Children Coverage Value	$5,000.00	**Children covered until the end-of-year of their 26th birthday*		
Dependent Life Option 2	$2.52	$0.00	$2.52	$1.37
Spouse Coverage Value	$20,000.00	* Must have a total of $40,000 in life insurance (2x Spouse Coverage)		
Children Coverage Value	$5,000.00			
Dependent Life Option 3	$5.67	$0.00	$5.67	$3.09
Spouse Coverage Value	$50,000.00	* Must have a total of $100,000 in life insurance (2x Spouse Coverage)		
Children Coverage Value	$10,000.00	**Spouse must Complete an EOI*		