

Flagler County Schools Final Insurance Rates  
 Instructional 22 Deductions  
 September 1, 2015 - August 31, 2016

Group #729455		UHC Premium 7JP	
Level of Coverage	Monthly Premium	# Deductions 22	
Employee	\$230.72	\$125.85	
Employee & Spouse	\$1,169.51	\$637.92	
Employee & Child(ren)	\$1,084.93	\$591.78	
Family	\$1,515.54	\$826.66	

Group #729455		UHC Standard Plan 5FK	
Level of Coverage	Monthly Premium	# Deductions 22	
Employee	\$72.13	\$39.35	
Employee & Spouse	\$820.96	\$447.80	
Employee & Child(ren)	\$754.38	\$411.48	
Family	\$1,093.35	\$596.38	

Group #729455		UHC HSA Plan 5FV	
Level of Coverage	Monthly Premium	# Deductions 22	
Employee	\$54.40	\$29.68	
Employee & Spouse	\$794.33	\$433.28	
Employee & Child(ren)	\$729.09	\$397.69	
Family	\$1,061.05	\$578.76	

Group # 193L74		Florida Combined Life Dental - PPO	
Level of Coverage	Monthly Premium	# Deductions 22	
Employee	\$16.83	\$9.18	
Employee + 1 Dependent	\$44.46	\$24.26	
Family	\$76.02	\$41.47	

Group # 193L74		Florida Combined Life Dental - CoPay	
Level of Coverage	Monthly Premium	# deductions 22	
Employee	\$2.33	\$1.28	
Employee + 1 Dependent	\$21.85	\$11.92	
Family	\$42.14	\$22.99	

Humana Comp Benefits Vision Plan Group # 207003		
Level of Coverage	Monthly Premium	# Deductions 22
Employee	\$1.44	\$0.79
Employee & Spouse	\$8.50	\$4.64
Employee & Child(ren)	\$10.74	\$5.86
Family	\$16.68	\$9.10

Lincoln Life Insurance Basic & Dependent Coverage Group # 10176933		
Level of Coverage	Monthly Premium	# Deductions 22
Basic Life (Board Paid)		
Basic \$20,000 (Employer Paid)	\$0.00	\$1.64
Basic Administration \$25,000	\$0.00	\$2.05
Dependent Coverage (Employee Paid)		
Opt 1 \$10,000 Sp/\$5,000 Ch(ren)	\$1.49	\$0.82
Opt 2 \$20,000 Sp/\$5,000 Ch(ren)	\$2.52	\$1.38
Opt 3 \$50,000 Sp/\$10,000 Ch(ren)	\$5.67	\$3.10