

## Florida State College at Jacksonville Full-time Employee Medical Premiums for 2024

If your salary changes during the year, premiums are adjusted to the appropriate salary tier.

BlueOptions PPO Gold (Plan 03359)								
Employee Salary	Employee	Employee bi-monthly prems	Spouse + Employee Premium	Spouse bi-monthly prems	Child(ren) + Employee Premium	Child(ren) bi-monthly prems	Family + Employee Premium	Family bi-monthly prems
< \$40,000	\$0	\$0	\$434.50	\$217.25	\$272.00	\$136.00	\$651.00	\$325.50
\$40,000-\$59,999	\$0	\$0	\$519.00	\$259.50	\$332.00	\$166.00	\$791.00	\$395.50
\$60,000 +	\$0	\$0	\$609.00	\$304.50	\$372.00	\$186.00	\$885.00	\$442.50
BlueOptions HDHP Silver with HSA (Plan 05194-Indiv; Plan 05195-Fam)								
Any Salary	Employee	Employee bi-monthly prems	Spouse + Employee Premium	Spouse bi-monthly prems	Child(ren) + Employee Premium	Child(ren) bi-monthly prems	Family + Employee Premium	Family bi-monthly prems
	\$0	\$0	\$700.00	\$350.00	\$504.00	\$252.00	\$1,177.00	\$588.50
BlueCare HMO Gold (Plan 47)								
Employee Salary	Employee	Employee bi-monthly prems	Spouse + Employee Premium	Spouse bi-monthly prems	Child(ren) + Employee Premium	Child(ren) bi-monthly prems	Family + Employee Premium	Family bi-monthly prems
< \$40,000	\$18.00	\$9	\$471.50	\$235.75	\$303.00	\$151.50	\$702.00	\$351.00
\$40,000-\$59,999	\$18.00	\$9	\$556.00	\$278.00	\$363.00	\$181.50	\$842.00	\$421.00
\$60,000 +	\$18.00	\$9	\$646.00	\$323.00	\$403.00	\$201.50	\$936.00	\$468.00

## Florida State College at Jacksonville Full-time Employee Dental, Vision and Life Premiums for 2024

PPO Dental (administered by Delta Dental)		Monthly prems	Bi-monthly prems
Employee Coverage (paid by College)		\$26.99	\$0
Spouse		\$29.42	\$14.71
Child(ren)		\$29.95	\$14.98
Family		\$67.45	\$33.73
DHMO Dental (administered by Delta Dental)		Monthly prems	Bi-monthly prems
Employee Coverage (paid by College)		\$12.68	\$0
Spouse		\$9.52	\$4.76
Child(ren)		\$13.97	\$6.99
Family		\$24.74	\$12.37
Vision (administered by Humana)		Monthly prems	Bi-monthly prems
Employee Coverage (paid by College)		\$5.65	\$0
Family (includes Spouse and/or Child(ren))		\$6.72	\$3.36
DV Plan [PPO Dental + Vision Program for Medical Opt Outs (administered by Delta Dental & VSP Choice)]		Monthly prems	Bi-monthly prems
Employee Coverage (paid by College)		\$111.00	\$0
Spouse		\$39.62	\$19.81
Child(ren)		\$40.56	\$20.28
Family		\$88.11	\$44.06
Supplemental Life Insurance (administered by The Hartford)		Monthly prems	Bi-monthly prems

Employee Coverage (paid by College)	\$0.221	\$0
Employee Supplemental (up to three times employee's base salary) per \$1000 in coverage	\$0.267	
Spouse (\$25,000 coverage)	\$7.64	\$3.82
Children (\$10,000 coverage)	\$2.10	\$1.05