Florida State College At Jacksonville

Full-time Employee Medical Premiums for 2023

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

		EE		SP		Child		Family
		bi-monthly		bi-monthly		bi-monthly		bi-monthl
Employee Salary	Employee	prems	Spouse	prems	Child(ren)	prems	Family	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
		monthly		SP bi-monthly		Child bi-		monthl
Employee Salary	Employee	monthly prems	Spouse	SP bi-monthly prems		Child bi- monthly prems	Family	monthly
	Employee \$0		Spouse \$561.00				Family \$906.00	prems
		prems		prems	Child (ren)	monthly prems	,	prems
No salary requirement	\$0	prems \$0 Premiums		prems \$280.50	Child (ren) \$398.00	monthly prems \$199.00	\$906.00	\$453.00
No salary requirement	\$0	prems \$0		prems	Child (ren) \$398.00 Child + Employee	monthly prems \$199.00 Child bi-	,	prems
lo salary requirement	\$0	prems \$0 Premiums	\$561.00	prems \$280.50	Child (ren) \$398.00 Child + Employee	monthly prems \$199.00	\$906.00	prems \$453.00 Family b
lo salary requirement BlueCare HMO Gold (F Employee Salary	\$0 Plan 47) - Monthly I	prems \$0 Premiums EE bi-	\$561.00 Spouse +	prems \$280.50 SP bi-monthly	Child (ren) \$398.00 Child + Employee	monthly prems \$199.00 Child bi-	\$906.00 Family +	prems \$453.00 Family b monthly
No salary requirement BlueCare HMO Gold (F Employee Salary	\$0 Plan 47) - Monthly I Employee	prems \$0 Premiums EE bi- monthly	\$561.00 Spouse + Employee	prems \$280.50 SP bi-monthly prems	Child (ren) \$398.00 Child + Employee Premium	monthly prems \$199.00 Child bi- monthly prems	\$906.00 Family + Employee	prems \$453.00

Florida State College At Jacksonville

Full-time Employee Dental, Vision and Life Premiums for 2023

PPO Dental (Administered by Delta Dental)					
Employee Coverage (paid by College)	\$25.95	\$12.98			
Spouse	\$28.28	\$14.14			
Child(ren)	\$28.80	\$14.40			
Family	\$64.86	\$32.43			
DHMO Dental (Administered by Delta Dental)					
Employee Coverage (paid by College)	\$12.68	\$6.34			
Spouse	\$9.52	\$4.76			
Child(ren)	\$13.96	\$6.98			
Family	\$24.74	\$12.37			
Vision (Administered by Humana)					
Employee Coverage (paid by College)	\$5.65	\$2.83			
Family (includes Spouse and Child/ren)	\$6.72	\$3.36			
FCSRMC DV Plan PPO Dental + Vision Program		Bi-monthly prems			
Employee Coverage (paid by College)	\$111.00	\$55.50			
Spouse	\$38.30				
Child(ren)	\$39.22	\$19.61			
Family	\$85.12	\$42.56			
Supplemental Life Insurance (Administered by The Hartford)		Bi-monthly prems			
Employee Coverage (paid by College)	\$0.221				
Employee Supplemental (up to three times employee's base salary) per 1000	\$0.267				
Spouse (\$25,000 coverage)	\$7.64	\$3.82			
Children (\$10,000 coverage)	\$2.10	\$1.05			