CHARLOTTE COUNTY PUBLIC SCHOOLS

INSURANCE RATES 2017 - 2018

OPTIMA Vantage 25/20%, 10/30/50/20% Rx; OOP \$4500; ER @ \$250, OP Surgery @\$300, IP @\$350 per day	2017 - 2018 Monthly Premium	2017 - 2018 Monthly Employee Cost	2017 - 2018 Monthly Employee Cost With Vision	EYE MED Vision	DELTA DENTAL Employee Dental Plan
Employee Only	\$668	\$95	\$102.00	\$7.00	\$38.84
Employee + Child	\$948	\$323	\$330.00	\$15.00	\$62.58
Employee + Children	\$1,396	\$735	\$750.00	\$15.00	\$98.20
Employee + Spouse	\$1,482	\$815	\$829.00	\$14.00	\$62.58
Family	\$2,009	\$1,225	\$1,250.00	\$25.00	\$98.20
Family 2 Employee	\$2,009	\$600	\$625.00	\$25.00	
OPTIMA Vantage 3000 HMO HSA, 80/20 Co-ins., \$5000 OOP, 10/30/50/20% Rx + Prev.	2017 - 2018 Monthly Premium	2017 - 2018 Monthly Employee Cost	2017 - 2018 Monthly Employee Cost With Vision	EYE MED Vision	DELTA DENTAL Employee Dental Plan
Employee Only	\$477	\$31	\$38.00	\$7.00	\$38.84
Employee + Child	\$677	\$66	\$81.00	\$15.00	\$62.58
Employee + Children	\$996	\$299	\$314.00	\$15.00	\$98.20
Employee + Spouse	\$1,058	\$351	\$365.00	\$14.00	\$62.58
Family	\$1,434	\$596	\$621.00	\$25.00	\$98.20
OPTIMA Equity + 3000 PPO HSA, 80/20 Co-ins., \$5000 OOP, 10/30/50/20% Rx + Prev.	2017 - 2018 Monthly Premium	2017 - 2018 Monthly Employee Cost	2017 - 2018 Monthly Employee Cost With Vision	EYE MED Vision	DELTA DENTAL Employee Dental Plan
HSA, 80/20 Co-ins., \$5000 OOP, 10/30/50/20% Rx +	Monthly	Monthly	Monthly Employee		Employee
HSA, 80/20 Co-ins., \$5000 OOP, 10/30/50/20% Rx + Prev.	Monthly Premium	Monthly Employee Cost	Monthly Employee Cost With Vision	Vision	Employee Dental Plan
HSA, 80/20 Co-ins., \$5000 OOP, 10/30/50/20% Rx + Prev. Employee Only	Monthly Premium \$563	Monthly Employee Cost \$117	Monthly Employee Cost With Vision \$124.00	Vision \$7.00	Employee Dental Plan \$38.84
HSA, 80/20 Co-ins., \$5000 OOP, 10/30/50/20% Rx + Prev. Employee Only Employee + Child	Monthly Premium \$563 \$799	Monthly Employee Cost \$117 \$188	Monthly Employee Cost With Vision \$124.00 \$203.00	\$7.00 \$15.00	Employee Dental Plan \$38.84 \$62.58