

CHARLOTTE COUNTY PUBLIC SCHOOLS
INSURANCE RATES 2024-2025

| SENTARA Vantage \$500 DED; 20/20%; \$5000 OOP; 10/30/50/20% RX | 2024-2025 Monthly Premium | 2024-2025 Monthly Employee Cost | 2024-2025 Monthly Employee Cost With Vision | EYE MED Vision | DELTA DENTAL Dental Plan |
|---|--|--|--|---------------------------|---|
| Employee Only | \$746 | \$318 | \$325 | \$7 | \$40.22 |
| Employee + Child | \$1,058 | \$482 | \$497 | \$15 | \$64.80 |
| Employee + Children | \$1,558 | \$920 | \$935 | \$15 | \$101.68 |
| Employee + Spouse | \$1,654 | \$1,014 | \$1,028 | \$14 | \$64.80 |
| Family | \$2,243 | \$1,588 | \$1,613 | \$25 | \$101.68 |
| Family 2 Employee | \$2,243 | \$988 | \$1,013 | \$25 | \$101.68 |

| SENTARA Vantage 6500 HMO HSA, \$6500 OOP, 10/30/50/20% Rx + Prev. | 2024-2025 Monthly Premium | 2024-2025 Monthly Employee Cost | 2024-2025 Monthly Employee Cost With Vision | EYE MED Vision | DELTA DENTAL Employee Dental Plan |
|--|--|--|--|---------------------------|--|
| Employee Only | \$470 | \$49 | \$56 | \$7 | \$40.22 |
| Employee + Child | \$668 | \$102 | \$117 | \$15 | \$64.80 |
| Employee + Children | \$983 | \$359 | \$374 | \$15 | \$101.68 |
| Employee + Spouse | \$1,044 | \$419 | \$433 | \$14 | \$63.28 |
| Family | \$1,416 | \$681 | \$706 | \$25 | \$101.68 |

| SENTARA Equity + 3200 PPO HSA, 80/20 Co-ins., \$5000 OOP, 10/30/50/20% Rx + Prev. | 2024-2025 Monthly Premium | 2024-2025 Monthly Employee Cost | 2024-2025 Monthly Employee Cost With Vision | EYE MED Vision | DELTA DENTAL Employee Dental Plan |
|--|--|--|--|---------------------------|--|
| Employee Only | \$682 | \$255 | \$262 | \$7 | \$40.22 |
| Employee + Child | \$968 | \$394 | \$409 | \$15 | \$64.80 |
| Employee + Children | \$1,424 | \$789 | \$804 | \$15 | \$101.68 |
| Employee + Spouse | \$1,512 | \$875 | \$889 | \$14 | \$63.28 |
| Family | \$2,049 | \$1,399 | \$1,424 | \$25 | \$101.68 |