## THE SCHOOL BOARD OF BAY COUNTY - GROUP HEALTH INSURANCE 1/1/2024

## **BlueChoice Alternate 0317**

	EMPLOYEE CONTRIBUTION AMOUNT = (Per Paycheck)			
TYPE OF COVERAGE	Employee Contribution Administrative	Employee Contribution Instructional	Employee Contribution Support Confidential Rec. Specialists	
	Monthly	Semi-Monthly	Semi-Monthly	
Employee:	187.14	93.57	78.99	
Employee/Spouse:	1,072.90	536.45	521.87	
Employee/Child(ren):	576.90	288.45	273.87	
Employee/Family:	1,727.34	863.67	849.09	

**BlueOptions 3900** 

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	EMPLOYEE CONTRIBUTION AMOUNT = (Per Paycheck)				
	Employee Employee		Employee Contribution		
TYPE OF COVERAGE	Contribution	Contribution	Support Confidential Rec.		
	Administrative	Instructional	Specialists		
	Monthly	Semi-Monthly	Semi-Monthly		
Employee:	0.00	0.00	0.00		
Employee/Spouse:	590.24	295.12	280.54		
Employee/Child(ren):	233.15	116.58	102.00		
Employee/Family:	1,061.34	530.67	516.09		

BlueOptions H.S.A.

	EMPLOYEE CONTRIBUTION AMOUNT = (Per Paycheck)				
	Employee	Employee	Employee Contribution		
TYPE OF COVERAGE	Contribution	Contribution	Support Confidential Rec.		
	Administrative	Instructional	Specialists		
	Monthly	Semi-Monthly	Semi-Monthly		
Employee:	0.00	0.00	0.00		
Employee/Spouse:	650.88	325.44	310.86		
Employee/Child(ren):	355.62	177.81	163.23		
Employee/Family:	1,055.46	527.73	513.15		