

THE SCHOOL BOARD OF BAY COUNTY - GROUP HEALTH INSURANCE

1/1/2023

BlueChoice 317

EMPLOYEE CONTRIBUTION AMOUNT = (Per Paycheck)						
TYPE OF COVERAGE	Total Monthly Premium Cost	Board Contribution Admin & Inst.	Employee Contribution Administrative	Employee Contribution Instructional	Board Contribution Support & Confidential	Employee Contribution Support Confidential Rec. Specialists
		Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly
Employee:	801.42	644.25	157.17	78.59	673.41	64.01
Employee/Spouse:	1,649.04	644.25	1,004.79	502.40	673.41	487.82
Employee/Child(ren):	1,174.40	644.25	530.15	265.08	673.41	250.50
Employee/Family:	2,275.30	644.25	1,631.05	815.53	673.41	800.95

BlueChoice Alternate 0317

EMPLOYEE CONTRIBUTION AMOUNT = (Per Paycheck)						
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		Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly
Employee:	761.35	644.25	117.10	58.55	673.41	43.97
Employee/Spouse:	1,566.59	644.25	922.34	461.17	673.41	446.59
Employee/Child(ren):	1,115.68	644.25	471.43	235.72	673.41	221.14
Employee/Family:	2,161.54	644.25	1,517.29	758.65	673.41	744.07

BlueOptions 3900

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		Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly
Employee:	548.09	548.09	0.00	0.00	548.09	0.00
Employee/Spouse:	1,127.81	644.25	483.56	241.78	673.41	227.20
Employee/Child(ren):	803.18	644.25	158.93	79.47	673.41	64.89
Employee/Family:	1,556.08	644.25	911.83	455.92	673.41	441.34

BlueOptions H.S.A.

EMPLOYEE CONTRIBUTION AMOUNT = (Per Paycheck)						
TYPE OF COVERAGE	Total Monthly Premium Cost	Board Contribution Admin & Inst.	Employee Contribution Administrative	Employee Contribution Instructional	Board Contribution Support & Confidential	Employee Contribution Support Confidential Rec. Specialists
		Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly
Employee:	531.80	531.80 / 112.45	0.00	0.00	531.80 / 141.61	0.00
Employee/Spouse:	1,182.94	644.25	538.69	269.35	673.41	254.77
Employee/Child(ren):	914.52	644.25	270.27	135.14	673.41	120.56
Employee/Family:	1,550.74	644.25	906.49	453.25	673.41	438.67