

THE SCHOOL BOARD OF BAY COUNTY - GROUP HEALTH INSURANCE

1/1/2024

BlueChoice Alternate 0317

TYPE OF COVERAGE	EMPLOYEE CONTRIBUTION AMOUNT = (Per Paycheck)					
	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:	837.49	650.35	187.14	93.57	679.51	78.99
Employee/Spouse:	1,723.25	650.35	1,072.90	536.45	679.51	521.87
Employee/Child(ren):	1,227.25	650.35	576.90	288.45	679.51	273.87
Employee/Family:	2,377.69	650.35	1,727.34	863.67	679.51	849.09

BlueOptions 3900

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		Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly
Employee:	602.90	602.90	0.00	0.00	602.90	0.00
Employee/Spouse:	1,240.59	650.35	590.24	295.12	679.51	280.54
Employee/Child(ren):	883.50	650.35	233.15	116.58	679.51	102.00
Employee/Family:	1,711.69	650.35	1,061.34	530.67	679.51	516.09

BlueOptions H.S.A.

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		Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly
Employee:	584.98	584.98 / 65.37	0.00	0.00	584.98 / 94.53	0.00
Employee/Spouse:	1,301.23	650.35	650.88	325.44	679.51	310.86
Employee/Child(ren):	1,005.97	650.35	355.62	177.81	679.51	163.23
Employee/Family:	1,705.81	650.35	1,055.46	527.73	679.51	513.15