



# 2024 Health Insurance Premiums

For Plan Year Effective:

January 1, 2024 through December 31, 2024

24 Pay Employees

Deductions begin December 15, 2023

Florida Blue Plans (PPO)										
	Blue Options GOLD PPO 03359					Blue Options SILVER PPO 05774				
24-Pay per Year	Full Premium	DSC Pays	DSC Per Pay	Emp. Per Mo.	Emp. Per Pay	Full Premium	DSC Pays	DSC Per Pay	Emp. Per Mo.	Emp. Per Pay
Employee	\$724.00	\$651.60	\$325.80	\$72.40	\$36.20	\$661.00	\$627.94	\$313.97	\$33.06	\$16.53
Employee & Spouse	\$1,522.00	\$1,126.28	\$563.14	\$395.72	\$197.86	\$1,388.00	\$1,096.52	\$548.26	\$291.48	\$145.74
Employee & Child(ren)	\$1,304.00	\$964.96	\$482.48	\$339.04	\$169.52	\$1,190.00	\$940.10	\$470.05	\$249.90	\$124.95
Employee & Family	\$2,101.00	\$1,470.70	\$735.35	\$630.30	\$315.15	\$1,917.00	\$1,399.40	\$699.70	\$517.60	\$258.80

Florida Health Care Plans (HMO)										
	FHCP GOLD HMO TS3					FHCP SILVER HMO TS4				
24-Pay per Year	Full Premium	DSC Pays	DSC Per Pay	Emp. Per Mo.	Emp. Per Pay	Full Premium	DSC Pays	DSC Per Pay	Emp. Per Mo.	Emp. Per Pay
Employee	\$751.00	\$675.90	\$337.95	\$75.10	\$37.55	\$679.00	\$645.04	\$322.52	\$33.96	\$16.98
Employee & Spouse	\$1,576.00	\$1,166.24	\$583.12	\$409.76	\$204.88	\$1,425.00	\$1,125.74	\$562.87	\$299.26	\$149.63
Employee & Child(ren)	\$1,351.00	\$999.74	\$499.87	\$351.26	\$175.63	\$1,222.00	\$965.38	\$482.69	\$256.62	\$128.31
Employee & Family	\$2,177.00	\$1,523.90	\$761.95	\$653.10	\$326.55	\$1,968.00	\$1,436.64	\$718.32	\$531.36	\$265.68

	Delta Dental Plans					
	Delta Dental PPO - Option 1		Delta Dental PPO - Option 2		Delta Care DMO - Option 3	
24 Pay per Year	Per Month	Per pay	Per Month	Per pay	Per Month	Per pay
Employee	\$25.84	\$12.92	\$30.90	\$15.45	\$12.68	\$6.34
Employee & Spouse	\$54.28	\$27.14	\$64.92	\$32.46	\$22.20	\$11.10
Employee & Child(ren)	\$54.82	\$27.41	\$65.54	\$32.77	\$26.66	\$13.33
Employee & Family	\$90.86	\$45.43	\$108.68	\$54.34	\$37.42	\$18.71

	VISION	
24 Pay per Year	Per Month	Per pay
Employee	\$5.58	\$2.79
Employee & Spouse	\$11.18	\$5.59
Employee & Child(ren)	\$11.50	\$5.75
Employee & Family	\$15.92	\$7.96



# 2024 Health Insurance Premiums

For Plan Year Effective:

January 1, 2024 through December 31, 2024

18 Pay Employees

Deductions begin December 15, 2023

Florida Blue Plans (PPO)										
	Blue Options GOLD PPO 03359					Blue Options SILVER PPO 05774				
18-Pay per Year	Full Premium	DSC Pays	DSC Per Pay	Emp. Per Mo.	Emp. Per Pay	Full Premium	DSC Pays	DSC Per Pay	Emp. Per Mo.	Emp. Per Pay
Employee	\$965.34	\$868.80	\$434.40	\$96.54	\$48.27	\$881.34	\$837.28	\$418.64	\$44.06	\$22.03
Employee & Spouse	\$2,029.34	\$1,501.71	\$750.86	\$527.63	\$263.81	\$1,850.68	\$1,462.02	\$731.01	\$388.66	\$194.33
Employee & Child(ren)	\$1,738.68	\$1,286.62	\$643.31	\$452.06	\$226.03	\$1,586.68	\$1,253.46	\$626.73	\$333.22	\$166.61
Employee & Family	\$2,801.34	\$1,960.94	\$980.47	\$840.40	\$420.20	\$2,556.00	\$1,789.20	\$894.60	\$766.80	\$383.40

Florida Health Care Plans (HMO)										
	FHCP GOLD HMO TS3					FHCP SILVER HMO TS4				
18-Pay per Year	Full Premium	DSC Pays	DSC Per Pay	Emp. Per Mo.	Emp. Per Pay	Full Premium	DSC Pays	DSC Per Pay	Emp. Per Mo.	Emp. Per Pay
Employee	\$1,001.34	\$901.20	\$450.60	\$100.14	\$50.07	\$905.34	\$860.06	\$430.03	\$45.28	\$22.64
Employee & Spouse	\$2,101.34	\$1,554.98	\$777.49	\$546.36	\$273.18	\$1,900.00	\$1,501.00	\$750.50	\$399.00	\$199.50
Employee & Child(ren)	\$1,801.34	\$1,332.98	\$666.49	\$468.36	\$234.18	\$1,629.34	\$1,287.18	\$643.59	\$342.16	\$171.08
Employee & Family	\$2,902.68	\$2,031.86	\$1,015.93	\$870.82	\$435.41	\$2,624.00	\$1,915.52	\$957.76	\$708.48	\$354.24

Delta Dental Plans						
	Delta Dental PPO - Option 1		Delta Dental PPO - Option 2		Delta Care DMO - Option 3	
18-Pay per Year	Per Month	Per pay	Per Month	Per pay	Per Month	Per pay
Employee	\$34.46	\$17.23	\$41.20	\$20.60	\$16.92	\$8.46
Employee & Spouse	\$72.38	\$36.19	\$86.56	\$43.28	\$29.60	\$14.80
Employee & Child(ren)	\$73.10	\$36.55	\$87.40	\$43.70	\$35.56	\$17.78
Employee & Family	\$121.16	\$60.58	\$144.92	\$72.46	\$49.90	\$24.95

VISION		
18-Pay per Year	Per Month	Per pay
Employee	\$7.44	\$3.72
Employee & Spouse	\$14.90	\$7.45
Employee & Child(ren)	\$15.34	\$7.67
Employee & Family	\$21.22	\$10.61