



**DAYTONA  
STATE COLLEGE**

## 2021 COBRA HEALTH PLAN PREMIUMS

For Plan Year Effective:  
January 1, 2021 through December 31, 2021

	Florida Blue Plans (PPO)		Florida Health Care Plans (HMO)	
	Blue Options 03559	Blue Options 03769	FHCP-TS1	FHCP-TS2
COBRA Participant Only	\$690.54	\$678.30	\$616.95	\$579.93
COBRA Participant & Spouse	\$1,339.26	\$1,310.70	\$1,196.44	\$1,123.79
COBRA Participant + Child(ren) Only	\$1,142.40	\$1,117.92	\$1,020.03	\$958.09
COBRA Participant + Spouse + Child(ren)	\$1,690.14	\$1,654.44	\$1,510.83	\$1,419.10

	Delta Dental PPO Option 1	Delta Dental PPO Option 2	Delta Care HMO Option 3
COBRA Participant Only	\$22.15	\$26.49	\$11.94
COBRA Participant & Spouse	\$46.53	\$55.65	\$20.91
COBRA Participant + Child(ren) Only	\$46.98	\$56.19	\$25.10
COBRA Participant + Spouse + Child(ren)	\$77.90	\$93.17	\$35.25

	VSP Vision
COBRA Participant Only	\$5.68
COBRA Participant & Spouse	\$11.39
COBRA Participant + Child(ren) Only	\$11.72
COBRA Participant + Spouse + Child(ren)	\$16.23

