

# STETSON UNIVERSITY

## 2024 Insurance Premium Chart for Health, Dental, Vision and Life

Type of Coverage		Bi-weekly	9 Months	Monthly	COBRA
<b>FloridaBlue Health Insurance</b>					
<b>BlueCare</b>	Employee Only	\$ 125.44	\$ 334.50	\$ 250.88	\$ 895.99
	Employee + Domestic Partner/Spouse	\$ 371.20	\$ 989.87	\$ 742.40	\$ 1,810.74
	Employee+Child(ren)	\$ 308.44	\$ 822.50	\$ 616.88	\$ 1,645.00
	Employee + Family	\$ 467.86	\$ 1,247.62	\$ 935.72	\$ 2,227.90
<b>BlueOptions</b>	Employee Only	\$ 174.22	\$ 464.59	\$ 348.44	\$ 995.54
	Employee + Domestic Partner/Spouse	\$ 437.61	\$ 1,166.96	\$ 875.22	\$ 2,012.00
	Employee+Child(ren)	\$ 347.29	\$ 926.10	\$ 694.57	\$ 1,827.82
	Employee + Family	\$ 532.24	\$ 1,419.30	\$ 1,064.47	\$ 2,475.52
<b>Delta Dental Insurance</b>					
<b>DHMO Option</b>	Employee Only	\$ 5.09	\$ 13.57	\$ 10.18	\$ 10.18
	Employee + One	\$ 8.75	\$ 23.33	\$ 17.50	\$ 17.50
	Employee + Family	\$ 12.98	\$ 34.60	\$ 25.95	\$ 25.95
<b>Mid - PPO Option</b>	Employee Only	\$ 20.50	\$ 54.65	\$ 40.99	\$ 40.99
	Employee + One	\$ 39.76	\$ 106.01	\$ 79.51	\$ 79.51
	Employee + Family	\$ 64.84	\$ 172.91	\$ 129.68	\$ 129.68
<b>PPO Option</b>	Employee Only	\$ 27.05	\$ 72.13	\$ 54.10	\$ 54.10
	Employee + One	\$ 52.48	\$ 139.93	\$ 104.95	\$ 104.95
	Employee + Family	\$ 85.59	\$ 228.23	\$ 171.17	\$ 171.17
<b>VSP Vision Insurance</b>					
<b>Vision Care Plan</b>	Employee Only	\$ 3.73	\$ 9.93	\$ 7.45	\$ 7.45
	Employee + Family	\$ 8.01	\$ 21.35	\$ 16.01	\$ 16.01
<b>UHC Medicare Advantage for Employee Spouses</b>					
		40%	50%		100%
	PPO	\$ 121.91	\$ 152.39		\$ 304.78

<b>Voluntary Group Life Calculation:</b>	Age	Rate/1000	Age	Rate/1000
*Employee Basic Life = Annual salary rounded up to the nearest \$1,000 (Min \$20,000 Max \$250,000)	<30	\$0.05	60-64	\$0.73
	30-34	\$0.06	65-69	\$1.30
*Employee Voluntary coverage cannot exceed 8Xs their salary or \$350,000, which ever is lesser	35-39	\$0.07	70-74	\$2.09
	40-44	\$0.10	75-79	\$3.30
*Voluntary Spousal coverage cannot exceed \$100,000 or 100% of employees amount, which ever is lesser	45-49	\$0.18	80-84	\$5.15
	50-54	\$0.30	85-89	\$7.86
*Voluntary Child benefits are \$10,000 per child at a \$1.89 per month rate, regardless of number of children	55-59	\$0.47	90+	\$13.86
*Voluntary coverages subject to age reductions in benefits of 35% at age 65 and 50% at age 70				
Voluntary AD&D Benefits are an additional \$0.02 per \$1,000 of coverage. Coverage must match Voluntary Life coverage amount.				