

STETSON UNIVERSITY

2025 Insurance Premium Chart for Health, Dental, Vision and Life

Type of Coverage		Bi-weekly	9 Months	Monthly	COBRA
FloridaBlue Health Insurance					
BlueCare	Employee Only	\$ 133.37	\$ 355.66	\$ 266.74	\$ 952.66
	Employee + Domestic Partner/Spouse	\$ 394.68	\$ 1,052.48	\$ 789.36	\$ 1,925.26
	Employee+Child(ren)	\$ 327.95	\$ 874.52	\$ 655.89	\$ 1,749.04
	Employee + Family	\$ 497.45	\$ 1,326.53	\$ 994.90	\$ 2,368.81
BlueOptions	Employee Only	\$ 185.24	\$ 493.97	\$ 370.48	\$ 1,058.50
	Employee + Domestic Partner/Spouse	\$ 465.29	\$ 1,240.77	\$ 930.58	\$ 2,139.25
	Employee+Child(ren)	\$ 369.25	\$ 984.67	\$ 738.50	\$ 1,943.42
	Employee + Family	\$ 565.90	\$ 1,509.06	\$ 1,131.80	\$ 2,632.09
Delta Dental Insurance					
DHMO Option	Employee Only	\$ 5.22	\$ 13.91	\$ 10.43	\$ 10.43
	Employee + One	\$ 8.97	\$ 23.92	\$ 17.94	\$ 17.94
	Employee + Family	\$ 13.30	\$ 35.47	\$ 26.60	\$ 26.60
Mid - PPO Option	Employee Only	\$ 21.01	\$ 56.01	\$ 42.01	\$ 42.01
	Employee + One	\$ 40.75	\$ 108.67	\$ 81.50	\$ 81.50
	Employee + Family	\$ 66.46	\$ 177.23	\$ 132.92	\$ 132.92
PPO Option	Employee Only	\$ 27.73	\$ 73.93	\$ 55.45	\$ 55.45
	Employee + One	\$ 53.79	\$ 143.43	\$ 107.57	\$ 107.57
	Employee + Family	\$ 87.73	\$ 233.93	\$ 175.45	\$ 175.45
VSP Vision Insurance					
Base Vision Plan	Employee Only	\$ 3.74	\$ 9.96	\$ 7.47	\$ 7.47
	Employee + Family	\$ 8.03	\$ 21.40	\$ 16.05	\$ 16.05
Enhanced Vision Plan	Employee Only	\$ 4.90	\$ 13.05	\$ 9.79	\$ 9.79
	Employee + Family	\$ 10.53	\$ 28.07	\$ 21.05	\$ 21.05
UHC Medicare Advantage for Employee Spouses					
		40%	50%		100%
	PPO	\$ 177.17	\$ 221.47		\$ 442.93

Voluntary Group Life Calculation:	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.				