

STETSON UNIVERSITY

2026 Insurance Premium Chart for Health, Dental, Vision and Life

Type of Coverage		Bi-weekly	9 Months	Monthly	COBRA
FloridaBlue Health Insurance					
BlueCare HMO	Employee Only	\$ 131.40	\$ 350.41	\$ 262.81	\$ 938.59
	Employee + Domestic Partner/Spouse	\$ 443.95	\$ 1,183.88	\$ 887.91	\$ 2,064.90
	Employee+Child(ren)	\$ 316.77	\$ 844.73	\$ 633.55	\$ 1,689.46
	Employee + Family	\$ 605.39	\$ 1,614.38	\$ 1,210.78	\$ 2,815.77
BlueCare HDHP	Employee Only	\$ 152.18	\$ 405.82	\$ 304.36	\$ 981.82
	Employee + Domestic Partner/Spouse	\$ 475.20	\$ 1,267.20	\$ 950.40	\$ 2,160.00
	Employee+Child(ren)	\$ 333.57	\$ 889.52	\$ 667.14	\$ 1,767.27
	Employee + Family	\$ 655.36	\$ 1,747.64	\$ 1,310.73	\$ 2,945.45
BlueOptions PPO	Employee Only	\$ 182.50	\$ 486.67	\$ 365.00	\$ 1,042.87
	Employee + Domestic Partner/Spouse	\$ 521.96	\$ 1,391.88	\$ 1,043.91	\$ 2,294.31
	Employee+Child(ren)	\$ 356.66	\$ 951.10	\$ 713.32	\$ 1,877.16
	Employee + Family	\$ 703.94	\$ 1,877.16	\$ 1,407.87	\$ 3,128.60
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.					