

STETSON UNIVERSITY

2027 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	\$ 136.09	\$ 362.91	\$ 272.18	\$ 972.06
	Employee + Domestic Partner/Spouse	\$ 459.79	\$ 1,226.09	\$ 919.57	\$ 2,138.53
	Employee+Child(ren)	\$ 328.07	\$ 874.85	\$ 656.14	\$ 1,749.70
	Employee + Family	\$ 626.98	\$ 1,671.93	\$ 1,253.95	\$ 2,916.17
BlueOptions PPO	Employee Only	\$ 189.01	\$ 504.03	\$ 378.02	\$ 1,080.06
	Employee + Domestic Partner/Spouse	\$ 540.57	\$ 1,441.51	\$ 1,081.13	\$ 2,376.12
	Employee+Child(ren)	\$ 369.38	\$ 985.00	\$ 738.75	\$ 1,944.09
	Employee + Family	\$ 729.04	\$ 1,944.09	\$ 1,458.07	\$ 3,240.16
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	\$ 4.89	\$ 13.04	\$ 9.78	\$ 9.78
	Employee + Family	\$ 10.52	\$ 28.04	\$ 21.03	\$ 21.03

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 5Xs 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	\$3.30
		50-54	\$0.30	85-89	\$3.30
*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+	\$3.30
*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.					