

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
Group Health Insurance Monthly Rates

PLAN YEAR 2009
Effective 01/01/2009

BCBSFL - PPO (Blue Choice Plan 902)

	Monthly Contract Premium	Employee Cost		District Cost		COBRA
		Per Month	Per Pay (24)	Per Month	Per Pay (24)	Per Month
Employee Only	\$601.50	\$0.00	\$0.00	\$601.50	\$300.75	\$613.53
Employee + Spouse	\$1,250.12	\$648.62	\$324.31	\$601.50	\$300.75	\$1,275.12
Employee + Children	\$1,136.50	\$535.00	\$267.50	\$601.50	\$300.75	\$1,159.23
Employee + Family	\$1,742.40	\$1,140.90	\$570.45	\$601.50	\$300.75	\$1,777.25

BCBSFL - HMO (Blue Care Plan 5)

	Monthly Contract Premium	Employee Cost		District Cost		COBRA
		Per Month	Per Pay (24)	Per Month	Per Pay (24)	Per Month
Employee Only	\$486.42	\$0.00	\$0.00	\$486.42	\$243.21	\$496.15
Employee + Spouse	\$1,011.68	\$525.26	\$262.63	\$486.42	\$243.21	\$1,031.91
Employee + Children	\$920.00	\$433.58	\$216.79	\$486.42	\$243.21	\$938.40
Employee + Family	\$1,410.00	\$923.58	\$461.79	\$486.42	\$243.21	\$1,438.20

BCBSFL - PPO (Blue Choice Plan 125)

	Monthly Contract Premium	Employee Cost		District Cost		COBRA
		Per Month	Per Pay (24)	Per Month	Per Pay (24)	Per Month
Employee Only	\$331.90	\$0.00	\$0.00	\$331.90	\$165.95	\$338.54
Employee + Spouse	\$689.78	\$203.36	\$101.68	\$486.42	\$243.21	\$703.58
Employee + Children	\$627.10	\$140.68	\$70.34	\$486.42	\$243.21	\$639.64
Employee + Family	\$961.40	\$474.98	\$237.49	\$486.42	\$243.21	\$980.63

BCBSFL - HMO (Blue Care Plan 15)

	Monthly Contract Premium	Employee Cost		District Cost		COBRA
		Per Month	Per Pay (24)	Per Month	Per Pay (24)	Per Month
Employee Only	\$456.60	\$0.00	\$0.00	\$456.60	\$228.30	\$465.73
Employee + Spouse	\$949.70	\$463.28	\$231.64	\$486.42	\$243.21	\$968.69
Employee + Children	\$863.60	\$377.18	\$188.59	\$486.42	\$243.21	\$880.87
Employee + Family	\$1,323.58	\$837.16	\$418.58	\$486.42	\$243.21	\$1,350.05