

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

PLAN YEAR 2008
Effective 01/01/2008

BCBSFL - PPO (Blue Choice Plan 902)

	<u>Monthly Contract Premium</u>	Employee Cost		<u>District Cost</u>		COBRA
		Per Month	Per Pay (24)	Per Month	Per Pay (24)	Per Month
Employee Only	\$580.72	\$0.00	\$0.00	\$580.72	\$290.36	\$592.33
Employee + Spouse	\$1,206.84	\$626.12	\$313.06	\$580.72	\$290.36	\$1,230.98
Employee + Children	\$1,097.12	\$516.40	\$258.20	\$580.72	\$290.36	\$1,119.06
Employee + Family	\$1,682.08	\$1,101.36	\$550.68	\$580.72	\$290.36	\$1,715.72

BCBSFL - HMO (Blue Care Plan 5)

	<u>Monthly Contract Premium</u>	Employee Cost		<u>District Cost</u>		COBRA
		Per Month	Per Pay (24)	Per Month	Per Pay (24)	Per Month
Employee Only	\$467.68	\$0.00	\$0.00	\$467.68	\$233.84	\$477.03
Employee + Spouse	\$972.70	\$505.02	\$252.51	\$467.68	\$233.84	\$992.15
Employee + Children	\$884.52	\$416.84	\$208.42	\$467.68	\$233.84	\$902.21
Employee + Family	\$1,355.70	\$888.02	\$444.01	\$467.68	\$233.84	\$1,382.81

BCBSFL - PPO (Blue Choice Plan 125)

	<u>Monthly Contract Premium</u>	Employee Cost		<u>District Cost</u>		COBRA
		Per Month	Per Pay (24)	Per Month	Per Pay (24)	Per Month
Employee Only	\$307.22	\$0.00	\$0.00	\$307.22	\$153.61	\$313.36
Employee + Spouse	\$638.46	\$70.24	\$35.12	\$568.22	\$284.11	\$651.23
Employee + Children	\$580.46	\$12.24	\$6.12	\$568.22	\$284.11	\$592.07
Employee + Family	\$889.90	\$26.22	\$13.11	\$863.68	\$431.84	\$907.70

BCBSFL - HMO (Blue Care Plan 15)

	<u>Monthly Contract Premium</u>	Employee Cost		<u>District Cost</u>		COBRA
		Per Month	Per Pay (24)	Per Month	Per Pay (24)	Per Month
Employee Only	\$430.24	\$0.00	\$0.00	\$430.24	\$215.12	\$438.84
Employee + Spouse	\$894.92	\$372.16	\$186.08	\$522.76	\$261.38	\$912.82
Employee + Children	\$813.76	\$291.00	\$145.50	\$522.76	\$261.38	\$830.04
Employee + Family	\$1,247.24	\$452.62	\$226.31	\$794.62	\$397.31	\$1,272.18