

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

PLAN YEAR 2007
Effective 01/01/2007

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	\$547.84	\$0.00	\$0.00	\$547.84	\$273.92	\$558.80
Employee + Spouse	\$1,138.52	\$590.68	\$295.34	\$547.84	\$273.92	\$1,161.29
Employee + Children	\$1,035.02	\$487.18	\$243.59	\$547.84	\$273.92	\$1,055.72
Employee + Family	\$1,586.86	\$1,039.02	\$519.51	\$547.84	\$273.92	\$1,618.60

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	\$441.20	\$0.00	\$0.00	\$441.20	\$220.60	\$450.02
Employee + Spouse	\$917.66	\$476.46	\$238.23	\$441.20	\$220.60	\$936.01
Employee + Children	\$834.46	\$393.26	\$196.63	\$441.20	\$220.60	\$851.15
Employee + Family	\$1,278.96	\$837.76	\$418.88	\$441.20	\$220.60	\$1,304.54

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	\$289.82	\$0.00	\$0.00	\$289.82	\$144.91	\$295.62
Employee + Spouse	\$602.32	\$66.26	\$33.13	\$536.06	\$268.03	\$614.37
Employee + Children	\$547.60	\$11.54	\$5.77	\$536.06	\$268.03	\$558.55
Employee + Family	\$839.52	\$24.72	\$12.36	\$814.80	\$407.40	\$856.31

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	\$405.90	\$0.00	\$0.00	\$405.90	\$202.95	\$414.02
Employee + Spouse	\$844.26	\$351.08	\$175.54	\$493.18	\$246.59	\$861.15
Employee + Children	\$767.70	\$274.52	\$137.26	\$493.18	\$246.59	\$783.05
Employee + Family	\$1,176.64	\$427.00	\$213.50	\$749.64	\$374.82	\$1,200.17