



2025 PREMIUM RATE CHART

Plan Year: January 1, 2025 - December 31, 2025

24 Deductions Per Year

Florida Blue HMO BASIC PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 725.00	\$ 725.00	\$ -	\$ -
Employee Plus Child(ren)	\$ 1,173.17	\$ 725.00	\$ 448.17	\$ 224.09
Employee Plus Spouse	\$ 1,522.89	\$ 725.00	\$ 797.89	\$ 398.95
Employee Plus Spouse and Child(ren)	\$ 1,971.06	\$ 725.00	\$ 1,246.06	\$ 623.03

Florida Blue HMO PREMIUM PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 905.25	\$ 725.00	\$ 180.25	\$ 90.13
Employee Plus Child(ren)	\$ 1,545.68	\$ 725.00	\$ 820.68	\$ 410.34
Employee Plus Spouse	\$ 2,071.34	\$ 725.00	\$ 1,346.34	\$ 673.17
Employee Plus Spouse and Child(ren)	\$ 2,892.02	\$ 725.00	\$ 2,167.02	\$ 1,083.51

Florida Blue PPO STANDARD PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 1,015.00	\$ 725.00	\$ 290.00	\$ 145.00
Employee Plus Child(ren)	\$ 1,676.84	\$ 725.00	\$ 951.84	\$ 475.92
Employee Plus Spouse	\$ 2,337.15	\$ 725.00	\$ 1,612.15	\$ 806.08
Employee Plus Spouse and Child(ren)	\$ 3,288.99	\$ 725.00	\$ 2,563.99	\$ 1,282.00

DELTA DENTAL RATES 2100			
Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 9.75	\$ 14.72	\$ 22.04
Employee plus 1	\$ 17.06	\$ 35.73	\$ 54.96
Employee plus 2 or more	\$ 26.82	\$ 49.88	\$ 75.23

VSP VISION RATE 2200		
Coverage Selected	Core Designer Plan	Platinum Plan (Two Pair Benefit)
Employee Only	\$ 2.57	\$ 6.52
Employee plus 1	\$ 5.13	\$ 13.04
Family	\$ 8.26	\$ 20.90

20 Deductions Per Year

Florida Blue HMO BASIC PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 725.00	\$ 725.00	\$ -	\$ -
Employee Plus Child(ren)	\$ 1,173.17	\$ 725.00	\$ 448.17	\$ 268.90
Employee Plus Spouse	\$ 1,522.89	\$ 725.00	\$ 797.89	\$ 478.73
Employee Plus Spouse and Child(ren)	\$ 1,971.06	\$ 725.00	\$ 1,246.06	\$ 747.64

Florida Blue HMO PREMIUM PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 905.25	\$ 725.00	\$ 180.25	\$ 108.15
Employee Plus Child(ren)	\$ 1,545.68	\$ 725.00	\$ 820.68	\$ 492.41
Employee Plus Spouse	\$ 2,071.34	\$ 725.00	\$ 1,346.34	\$ 807.80
Employee Plus Spouse and Child(ren)	\$ 2,892.02	\$ 725.00	\$ 2,167.02	\$ 1,300.21

Florida Blue PPO STANDARD PLAN				
Coverage Selected	Monthly Premium	Pasco Schools Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$ 1,015.00	\$ 725.00	\$ 290.00	\$ 174.00
Employee Plus Child(ren)	\$ 1,676.84	\$ 725.00	\$ 951.84	\$ 571.10
Employee Plus Spouse	\$ 2,337.15	\$ 725.00	\$ 1,612.15	\$ 967.29
Employee Plus Spouse and Child(ren)	\$ 3,288.99	\$ 725.00	\$ 2,563.99	\$ 1,538.39

DELTA DENTAL RATES 2110			
Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 11.70	\$ 17.67	\$ 26.45
Employee plus 1	\$ 20.47	\$ 42.88	\$ 65.95
Employee plus 2 or more	\$ 32.18	\$ 59.86	\$ 90.28

VSP VISION RATES 2210		
Coverage Selected	Core Designer Plan	Platinum Plan (Two Pair Benefit)
Employee Only	\$ 3.08	\$ 7.82
Employee plus 1	\$ 6.15	\$ 15.64
Family	\$ 9.91	\$ 25.07



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THE STANDARD ACCIDENT

Coverage Selected	
Employee Only	\$ 6.09
Employee plus Spouse	\$ 9.53
EE plus Children	\$ 11.80
EE plus Spouse and Children	\$ 18.47

THE STANDARD ACCIDENT

Coverage Selected	
Employee Only	\$ 7.30
Employee plus Spouse	\$ 11.44
EE plus Children	\$ 14.16
EE plus Spouse and Children	\$ 22.16

THE STANDARD HOSPITAL PLAN CORE

Coverage Selected	
Employee Only	\$ 8.01
Employee plus Spouse	\$ 13.42
EE plus Children	\$ 11.45
EE plus Spouse and Children	\$ 20.06

THE STANDARD HOSPITAL PLAN CORE

Coverage Selected	
Employee Only	\$ 9.61
Employee plus Spouse	\$ 16.10
EE plus Children	\$ 13.74
EE plus Spouse and Children	\$ 24.07

THE STANDARD HOSPITAL PLAN PREMIER

Coverage Selected	
Employee Only	\$ 11.61
Employee plus Spouse	\$ 19.51
EE plus Children	\$ 16.52
EE plus Spouse and Children	\$ 28.93

THE STANDARD HOSPITAL PLAN PREMIER

Coverage Selected	
Employee Only	\$ 13.93
Employee plus Spouse	\$ 23.41
EE plus Children	\$ 19.82
EE plus Spouse and Children	\$ 34.72



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THE STANDARD CRITICAL ILLNESS PLAN WITH CANCER (FAMILY)

Coverage Selected	Employee Only
\$ 10,000.00	\$ 4.65
\$ 20,000.00	\$ 9.30
\$ 30,000.00	\$ 13.95

Coverage Selected	Family
\$ 10,000.00	\$ 6.98
\$ 20,000.00	\$ 13.95
\$ 30,000.00	\$ 20.93

* Spouse and children are automatically included at 50% of the employee amount

THE STANDARD CRITICAL ILLNESS PLAN WITH CANCER (FAMILY)

Coverage Selected	Employee Only
\$ 10,000.00	\$ 5.58
\$ 20,000.00	\$ 11.16
\$ 30,000.00	\$ 16.74

Coverage Selected	Family
\$ 10,000.00	\$ 8.37
\$ 20,000.00	\$ 16.74
\$ 30,000.00	\$ 25.11

* Spouse and children are automatically included at 50% of the employee amount

Minnesota Supplemental Life

Premiums deducted 20 times per year

Age	Employee Per 10,000	Spouse Per \$5,000	*Children Only
18 - 24	\$ 0.29	\$ 0.15	\$ 0.79
25 - 29	\$ 0.25	\$ 0.12	
30 - 34	\$ 0.29	\$ 0.15	
35 - 39	\$ 0.44	\$ 0.22	
40 - 44	\$ 0.69	\$ 0.35	
45 - 49	\$ 1.14	\$ 0.57	
50 - 54	\$ 1.73	\$ 0.86	
55 - 59	\$ 2.57	\$ 1.28	
60 - 64	\$ 3.66	\$ 1.83	
65 - 69	\$ 6.08	\$ 3.04	
70 - 74	\$ 10.88	\$ 5.44	
75 & Over	\$ 22.20	\$ 11.10	

*All eligible dependents; policy amount \$10,000 per child

Legal and Identity Theft

Employee plus Family	24 Deduct
Ultimate Advisor 8652	\$ 9.13
Ultimate Advisor Plus 8651	\$ 11.29

Legal and Identity Theft

Employee plus Family	20 Deduct
Ultimate Advisor 8657	\$ 10.96
Ultimate Advisor Plus 8656	\$ 13.55