

**St. Johns County School District
Self-Funded Insurance Rates 2019-2020**

**19 Pay Periods (08/31/2019 – 5/29/2020)
Rate Increase Effective (11/15/2019)**

	<u>Employee</u>	<u>Employer</u>
<u>Hospital Plan 1</u>		
Hospital Indemnity	\$0.00	\$322.43
Single	\$63.84	\$322.43
Family W/2/*	\$137.61 (\$68.81)/\$68.80)	\$776.34 (\$388.17) per employee
Family W2/ Single**	\$127.68 (\$63.84) per employee	\$776.34 (\$388.17) per employee
Family	\$270.07	\$643.32

<u>Hospital Plan 2</u>		
Single	\$78.06	\$322.43
Family W/2 *	\$204.92 (\$102.46) per employee	\$776.34 (\$388.17) per employee
Family W/2 Single**	\$156.12 (\$78.06) per employee	\$776.34 (\$388.17) per employee
Family	\$337.94	\$643.32

<u>Dental Plan 1</u>		
Single	\$0.00	\$18.14
Family W/2 *	\$4.23 (\$2.12)/\$2.11)	\$36.28 (\$18.14) per employee
Family W/2 Single**	\$0.00 (\$0.00) per employee	\$36.28 (\$18.14) per employee
Family	\$20.02	\$18.14

<u>Dental Plan 2</u>		
Single	\$5.72	\$18.14
Family W/2 *	\$21.08 (\$10.54) per employee	\$36.28 (\$18.14) per employee
Family W/2 Single**	\$11.44 (\$5.72) per employee	\$36.28 (\$18.14) per employee
Family	\$38.72	\$18.14

<u>Vision</u>		
Single	\$0.00	\$5.97
Family W/2 *	\$3.59 (\$1.80)/\$1.79)	\$11.78 (\$5.89) per employee
Family W/2 Single**	\$0.00 (\$0.00) per employee	\$11.94 (\$5.97) per employee
Family	\$7.53	\$7.84

Family W/2 *

Both you and your spouse are employed full-time with SJCSO **AND** Children enrolled on insurance policy. The total premiums will be divided equally among BOTH Employees paycheck.

Example: Hospital Plan 1: \$68.81(male)/\$68.80 (female), Hospital Plan 2: \$102.46 each, Dental 1: \$2.12 (male)/ \$2.11 (female), Dental 2: \$10.54 each, and Vision \$1.80 (male)/\$1.79 (female)

Family W/2 Single Rate**

Both you and your spouse are employed full-time with SJCSO **NO** Children enrolled on insurance policy. Both Employees will be considered Family W/2, but premiums will be deducted at the Single Rate.

Example: Hospital Plan 1: \$63.84 each, Hospital Plan 2: \$78.06 each, Dental 1: \$0.00 each, Dental 2: \$5.72 each, and Vision \$0.00 each.