

**CHARLOTTE COUNTY PUBLIC SCHOOLS
INSURANCE RATES 2020 - 2021**

OPTIMA Vantage \$500 DED, 20/20%, 10/30/50/20% Rx; OOP \$5000;	2020-2021 Monthly Premium	2020 -2021 Monthly Employee Cost	2020-2021 Monthly Employee Cost With Vision	EYE MED Vision	DELTA DENTAL Employee Dental Plan
Employee Only	\$728	\$318.00	\$325.00	\$7.00	\$39.28
Employee + Child	\$1,032	\$482.00	\$497.00	\$15.00	\$63.28
Employee + Children	\$1,520	\$920.00	\$935.00	\$15.00	\$99.30
Employee + Spouse	\$1,614	\$1,014.00	\$1,028.00	\$14.00	\$63.28
Family	\$2,188	\$1,588.00	\$1,613.00	\$25.00	\$99.30
Family 2 Employee	\$2,188	\$988.00	\$1,013.00	\$25.00	\$99.30

OPTIMA Vantage 6500 HMO HSA, \$6500 OOP, 10/30/50/20% Rx + Prev.	2020-2021 Monthly Premium	2020 -2021 Monthly Employee Cost	2020-2021 Monthly Employee Cost With Vision	EYE MED Vision	DELTA DENTAL Employee Dental Plan
Employee Only	\$459	\$49.00	\$56.00	\$7.00	\$39.28
Employee + Child	\$652	\$102.00	\$117.00	\$15.00	\$63.28
Employee + Children	\$959	\$359.00	\$374.00	\$15.00	\$99.30
Employee + Spouse	\$1,019	\$419.00	\$433.00	\$14.00	\$63.28
Family	\$1,381	\$681.00	\$806.00	\$25.00	\$99.30

OPTIMA Equity + 3000 PPO HSA, 80/20 Co-ins., \$5000 OOP, 10/30/50/20% Rx + Prev.	2020-2021 Monthly Premium	2020 -2021 Monthly Employee Cost	2020-2021 Monthly Employee Cost With Vision	EYE MED Vision	DELTA DENTAL Employee Dental Plan
Employee Only	\$665	\$255.00	\$262.00	\$7.00	\$39.28
Employee + Child	\$944	\$394.00	\$409.00	\$15.00	\$63.28
Employee + Children	\$1,389	\$789.00	\$804.00	\$15.00	\$99.30
Employee + Spouse	\$1,475	\$875.00	\$889.00	\$14.00	\$63.28
Family	\$1,999	\$1,399.00	\$1,424.00	\$25.00	\$99.30