

**CHARLOTTE COUNTY PUBLIC SCHOOLS  
INSURANCE RATES 2023-2024**

<b>OPTIMA Vantage \$500 DED, 20/20%, 10/30/50/20% Rx; OOP \$5000;</b>	<b>2023-2024 Monthly Premium</b>	<b>2023-2024 Monthly Employee Cost</b>	<b>2023-2024 Monthly Employee Cost With Vision</b>	<b>EYE MED Vision</b>	<b>DELTA DENTAL Employee Dental Plan</b>
Employee Only	\$746	\$318	\$325	\$7	\$39.28
Employee + Child	\$1,058	\$482	\$497	\$15	\$63.28
Employee + Children	\$1,558	\$920	\$935	\$15	\$99.30
Employee + Spouse	\$1,654	\$1,014	\$1,028	\$14	\$63.28
Family	\$2,243	\$1,588	\$1,613	\$25	\$99.30
Family 2 Employee	\$2,243	\$988	\$1,013	\$25	\$99.30

<b>OPTIMA Vantage 6500 HMO HSA, \$6500 OOP, 10/30/50/20% Rx + Prev.</b>	<b>2023-2024 Monthly Premium</b>	<b>2023-2024 Monthly Employee Cost</b>	<b>2023-2024 Monthly Employee Cost With Vision</b>	<b>EYE MED Vision</b>	<b>DELTA DENTAL Employee Dental Plan</b>
Employee Only	\$470	\$49	\$56	\$7	\$39.28
Employee + Child	\$668	\$102	\$117	\$15	\$63.28
Employee + Children	\$983	\$359	\$374	\$15	\$99.30
Employee + Spouse	\$1,044	\$419	\$433	\$14	\$63.28
Family	\$1,416	\$681	\$706	\$25	\$99.30

<b>OPTIMA Equity + 3000 PPO HSA, 80/20 Co-ins., \$5000 OOP, 10/30/50/20% Rx + Prev.</b>	<b>2023-2024 Monthly Premium</b>	<b>2023-2024 Monthly Employee Cost</b>	<b>2023-2024 Monthly Employee Cost With Vision</b>	<b>EYE MED Vision</b>	<b>DELTA DENTAL Employee Dental Plan</b>
Employee Only	\$682	\$255	\$262	\$7	\$39.28
Employee + Child	\$968	\$394	\$409	\$15	\$63.28
Employee + Children	\$1,424	\$789	\$804	\$15	\$99.30
Employee + Spouse	\$1,512	\$875	\$889	\$14	\$63.28
Family	\$2,049	\$1,399	\$1,424	\$25	\$99.30