

2019-20 RATE SCHEDULE (10 MONTH RATES)

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Florida Combined Life	Single	\$18.16	\$18.16	N/A
Standard	2 person	\$35.64	\$35.64	N/A
	family	\$70.47	\$70.47	N/A
Florida Combined Life	Single	\$32.93	\$32.93	N/A
High	2 person	\$65.23	\$65.23	N/A
	family	\$127.61	\$127.61	N/A
Florida Combined	Single	\$44.69	\$44.69	N/A
Plus	2 person	\$87.78	\$87.78	N/A
	family	\$168.87	\$168.87	N/A
Avesis Vision	Single	\$7.84	\$7.84	N/A
	Employee +1	\$15.24	\$15.24	N/A
	Employee + Family	\$22.38	\$22.38	N/A
LifeLock (ID Theft)	Employee	\$9.58	\$9.58	N/A
Benefit Elite	Employee + Family	\$19.18	\$19.18	N/A
Ultimate Plus	Employee	\$16.79	\$16.79	N/A
	Employee + Family	\$33.58	\$33.58	N/A
Standard Accident	Employee	\$14.70	\$14.70	N/A
Enhanced	Employee/Spouse	\$23.24	\$23.24	N/A
	Employee/Children	\$27.86	\$27.86	N/A
	Family	\$43.60	\$43.60	N/A
Premier	Employee	\$22.49	\$22.49	N/A
	Employee/Spouse	\$35.12	\$35.12	N/A
	Employee/Children	\$42.64	\$42.64	N/A
	Family	\$66.58	\$66.58	N/A
Hospital Indemnity	Employee	\$13.68	\$13.68	N/A

2019-20 RATE SCHEDULE (10 MONTH RATES)

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Low	Employee/Spouse	\$28.80	\$28.80	N/A
	Employee/Children	\$26.32	\$26.32	N/A
	Family	\$44.10	\$44.10	N/A
High	Employee	\$23.28	\$23.28	N/A
	Employee/Spouse	\$49.26	\$49.26	N/A
	Employee/Children	\$45.12	\$45.12	N/A
	Family	\$75.90	\$75.90	N/A
Nationwide Pet	Canine	\$52.71	\$52.71	N/A
	with Wellness	\$84.39	\$84.39	N/A
	Feline	\$31.62	\$31.62	N/A
	with Wellness	\$50.63	\$50.63	N/A