



2019-20 RATE SCHEDULE (PAYTYPE 9 ADMINISTRATORS AND EXEMPT)

COMPANY	COVERAGE TYPE	12 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Florida Combined Life	Single	\$15.13	\$15.13	N/A
Standard	2 person	\$29.70	\$29.70	N/A
	family	\$58.73	\$58.73	N/A
Florida Combined Life	Single	\$27.44	\$27.44	N/A
High	2 person	\$54.36	\$54.36	N/A
	family	\$106.34	\$106.34	N/A
Florida Combined	Single	\$37.24	\$37.24	N/A
Plus	2 person	\$73.15	\$73.15	N/A
	family	\$140.73	\$140.73	N/A
Avesis Vision	Single	\$6.53	\$6.53	N/A
	Employee +1	\$12.70	\$12.70	N/A
	Employee + Family	\$18.65	\$18.65	N/A
LifeLock (ID Theft)	Employee	\$7.98	\$7.98	N/A
Benefit Elite	Employee + Family	\$15.98	\$15.98	N/A
Ultimate Plus	Employee	\$13.99	\$13.99	N/A
	Employee + Family	\$27.98	\$27.98	N/A
Standard Accident	Single	\$12.25	\$12.25	N/A
Enhanced	Employee/Spouse	\$19.37	\$19.37	N/A
	Employee/Children	\$23.22	\$23.22	N/A
	Family	\$36.33	\$36.33	N/A
Premier	Single	\$18.74	\$18.74	N/A
	Employee/Spouse	\$29.27	\$29.27	N/A
	Employee/Children	\$35.53	\$35.53	N/A
	Family	\$55.48	\$55.48	N/A
Hospital Indemnity	Employee	\$11.40	\$11.40	N/A



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COMPANY	COVERAGE TYPE	12 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Low	Employee/Spouse	\$24.00	\$24.00	N/A
	Employee/Children	\$21.93	\$21.93	N/A
	Family	\$36.75	\$36.75	N/A
High	Employee	\$19.40	\$19.40	N/A
	Employee/Spouse	\$41.05	\$41.05	N/A
	Employee/Children	\$37.60	\$37.60	N/A
	Family	\$63.25	\$63.25	N/A
Nationwide Pet	Canine	\$43.93	\$43.93	N/A
	with Wellness	\$70.33	\$70.33	N/A
	Feline	\$26.35	\$26.35	N/A
	with Wellness	\$42.19	\$42.19	N/A