



2018-19 RATE SCHEDULE

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$731.46	\$146.29	\$585.17
	2 person	\$1,499.61	\$599.84	\$899.77
	family	\$2,121.44	\$848.58	\$1,272.86
	family/2 employees	\$2,121.44	\$292.58	\$1,828.86
	coverage dependent	\$804.61	\$804.61	\$0.00
FB 03559	Single	\$963.38	\$378.21	\$585.17
	2 person	\$2,292.85	\$1,393.08	\$899.77
	family	\$3,005.72	\$1,732.86	\$1,272.86
	family /2 employees	\$3,005.72	\$756.42	\$2,249.30
CHP- MVP	Single	\$546.12	\$30.00	\$516.12
	2 person	\$1,119.63	\$219.86	\$899.77
	family	\$1,583.89	\$311.03	\$1,272.86
	family/2 employees	\$1,583.89	\$60.00	\$1,523.89
	coverage dependent	\$600.73	\$600.73	\$0.00
FB 5173	Single	\$582.53	\$30.00	\$552.53
	2 person	\$1,386.45	\$486.68	\$899.77
	family	\$1,817.51	\$548.65	\$1,268.86
	family/2 employees	\$1,817.51	\$60.00	\$1,757.51
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



2018-19 RATE SCHEDULE

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Plus	2 person	\$87.78	\$87.78	N/A
	family	\$168.87	\$168.87	N/A
Colonial Cancer	individually rated	N/A		N/A
Colonial Accident	individually rated	N/A		N/A
Colonial Critical Illness	individually rated	N/A		N/A
Colonial Whole Life	individually rated	N/A		N/A
Avesis Vision	Single	\$7.84	\$7.84	
	Employee +1	\$15.24	\$15.24	
	Employee + Family	\$22.38	\$22.38	
LifeLock (ID Theft)	Employee	\$9.58	\$9.58	
Benefit Elite	Employee + Family	\$19.18	\$19.18	
Ultimate Plus	Employee	\$16.79	\$16.79	
	Employee + Spouse	\$33.58	\$33.58	