



Hernando County  
Board of County Commissioners

## 2023 - 2024 BENEFIT PREMIUMS

MEDICAL	Coverage Level	Employee Per Month	Employer Per Month
High Deductible Plan with Employer Health Savings Account (HSA) Annual Contribution of \$1500 *CareATC	Employee Only	\$0	\$ 750.00
	Employee + Spouse	\$0	\$ 1202.60
	Employee + Children	\$0	\$ 1103.00
	Employee + Family	\$0	\$ 1773.10
Florida Blue – Blue Options PPO *CareATC	Employee Only	\$ 421.00	\$ 750.00
	Employee + Spouse	\$1071.50	\$1202.60
	Employee + Children	\$ 930.30	\$1103.00
	Employee + Family	\$1174.20	\$1773.10
<i>*Employee Wellness Center Included with Health Insurance Plan at no additional cost to the Employee</i>			
DENTAL	Coverage Level	Employee Per Month	Employer Per Month
Dental Base PPO	Employee Only	\$0	\$37.60
	Employee + 1	\$0	\$62.00
	Employee + Family	\$0	\$93.92
Dental High PPO	Employee Only	\$14.40	\$37.60
	Employee + 1	\$23.84	\$62.00
	Employee + Family	\$36.10	\$93.92
Long Term Disability	Employee	\$0	\$11.24 - \$48.92 based on employees' rate of pay.
\$10,000 Basic Life Insurance	Employee	\$0	\$3.26
Employee Assistance Program	Employee	\$0	\$1.12

The following optional benefits are available at the employee's expense:

- Short Term Disability
- Supplemental Life Insurance
- Dependent Life Insurance
- Vision Plans
- Aflac Supplemental Plans
- Flex Spending Accounts
- Legal Shield / ID Shield