**INSURANCE COSTS FOR MEDICAL COVERAGE**

**EMPLOYEE COST**

**OPTION 1: Blue Cross Blue Shield (Florida Blue) Health Benefit Plan Blue Option 05360**

**SINGLE COVERAGE: $148.14 ($74.07 per check)**

**FAMILY COVERAGE: $148.14 + $795.42=$943.56 ($471.78 per check) \***

**\*The total dollar amount for family coverage is the single coverage rate ($148.14) + family deduction rate ($795.42) = $943.56 ($471.78 per check)**

**2 EMPLOYEE FAMILY COVERAGE Both employees must carry single coverage with one carrying family.**

 **For example:**

 **Husband Employee #1**

 **$148.14 ($74.07 per check)**

 **Wife Employee #2**

 **$148.14 + $163.84= $311.98 ($155.99 per check)**

**OPTION 2: Blue Cross Blue Shield (Florida Blue) Catastrophic Plan 05901**

**SINGLE COVERAGE $81.00 ($40.50 per check)**

**FAMILY COVERAGE $81.00 + $693.96=$774.96 ($387.48 per check) \***

**\*The total dollar amount for family coverage is the single coverage rate ($81.00) + family deduction rate ($693.96) = $774.96 ($387.48 per check)**

**FULL PAY: RETIREES, LEAVE OF ABSENCE, COBRA**

**SINGLE COVERAGE: $603.12**

**FAMILY COVERAGE: $603.12 + $795.42 = $1398.54**