

Insurance Costs for 25/26 WCSD Medical Coverage

Employee Cost

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

Single Coverage: \$196.82 (\$98.41 per check)

Family Coverage: \$196.82 + \$947.92 = \$1,144.74 (\$572.37 per check)*

*The total dollar amount for family coverage is the single coverage rate (\$196.82) + family deduction rate (\$947.92) = \$1,144.74 (\$572.37 per check)

2 Employee Family Coverage: Both employees must carry single coverage with one carrying family.

Example:	Husband Employee # 1	\$196.82 (\$98.41 per check)
	Wife Employee # 2	\$196.82 + \$195.24 = \$392.06 (\$196.03 per check)

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

Single Coverage: \$109.20 (\$54.60 per check)

Family Coverage: \$109.20 + \$827.02 = \$936.22 (\$468.11 per check)*

*The total dollar amount for family coverage is the single coverage rate (\$109.20) + family deduction rate (\$827.02) = \$936.22 (\$468.11 per check)

2 Employee Family Coverage: Both employees must carry single coverage with one carrying family.

Example:	Husband Employee # 1	\$109.20 (\$54.60 per check)
	Wife Employee # 2	\$109.20 + \$142.30 = \$251.50 (\$125.75 per check)

Full Pay: Retirees, Leave of Absence, COBRA

Single Coverage: \$787.22

Family Coverage: \$787.22 + \$947.92 = \$1,735.14

8/18/25