



HENDRY COUNTY BOARD OF COUNTY COMMISSIONERS

Insurance Rate Sheet for October 1, 2020 - September 30, 2021

	Total Monthly Cost	County Pays	Employee Monthly Amount	Employee Bi-Weekly Amount
3559-Base Plan				
Employee Only	\$890.09	\$890.09	\$0.00	\$0.00
Employee + Spouse	\$1,633.63	\$1,224.68	\$408.95	\$188.74
Employee + Child(ren)	\$1,563.67	\$1,193.20	\$370.47	\$170.99
Employee + Family	\$1,778.46	\$1,289.86	\$488.60	\$225.51
3748/option 2				
Employee Only	\$1,075.93	\$890.09	\$185.84	\$85.77
Employee + Spouse	\$1,974.71	\$1,224.68	\$750.03	\$346.17
Employee + Child(ren)	\$1,890.14	\$1,193.20	\$696.94	\$321.66
Employee + Family	\$2,149.77	\$1,289.86	\$859.91	\$396.88
727/option 3				
Employee Only	\$979.38	\$890.09	\$89.29	\$41.21
Employee + Spouse	\$1,797.50	\$1,224.68	\$572.82	\$264.38
Employee + Child(ren)	\$1,720.52	\$1,193.20	\$527.32	\$243.38
Employee + Family	\$1,956.86	\$1,289.86	\$667.00	\$307.85
5901/option 4				
Employee Only	\$750.98	\$890.09	-\$139.11	
Employee + Spouse	\$1,378.31	\$1,224.68	\$153.63	\$70.90
Employee + Child(ren)	\$1,319.28	\$1,193.20	\$126.08	\$58.19
Employee + Family	\$1,500.50	\$1,289.86	\$210.64	\$97.22
DENTAL**				
Employee Only	\$31.63	\$31.63	\$0.00	\$0.00
Employee + One	\$66.41	\$31.63	\$34.78	monthly
Employee + Two	\$110.68	\$31.63	\$79.05	monthly
VISION**				
Employee Only	\$4.07	\$4.07	\$0.00	\$0.00
Employee + Spouse	\$8.09	\$4.07	\$4.02	monthly
Employee + Child(ren)	\$8.01	\$4.07	\$3.94	monthly
Employee + Family	\$13.86	\$4.07	\$9.79	monthly

**VISION AND DENTAL PREMIUMS ARE DEDUCTED ONCE A MONTH
MEDICAL PREMIUMS ARE DEDUCTED EVERY PAY PERIOD