

VOLUSIA COUNTY SCHOOLS

HEALTH, DENTAL, AND VISION INSURANCE RATE SHEET

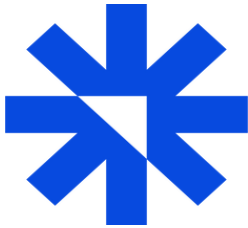
OCTOBER 1, 2025 - SEPTEMBER 30, 2026



Premiums will be deducted over 20 checks for ALL employees beginning on the first check in September.



All "Per Paycheck" rates listed apply to employees who begin on the first day of the contract year and do not miss any scheduled deductions.

For those employees who begin after the first day of their contract year or have a break in service, the insurance deduction amounts will be calculated and adjusted to ensure that the correct monthly premiums will be collected for coverage through September 30th.

	CURATIVE							
	EPO Value		EPO		PPO		PPO Max	
	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$0.00	\$0.00	\$177.28	\$106.37	\$486.83	\$292.10	\$700.82	\$420.49
Employee + One Child	\$335.77	\$201.46	\$724.88	\$434.93	\$1,251.12	\$750.67	\$1,614.90	\$968.94
Employee + Two or more Children	\$545.81	\$327.49	\$1,037.79	\$622.67	\$1,687.85	\$1,012.71	\$2,137.23	\$1,282.34
Employee + Spouse	\$545.81	\$327.49	\$1,037.79	\$622.67	\$1,687.85	\$1,012.71	\$2,137.23	\$1,282.34
Employee + Family	\$891.13	\$534.68	\$1,507.16	\$904.30	\$2,342.95	\$1,405.77	\$2,920.72	\$1,752.43
*Split Family	\$143.07	\$85.84	\$451.08	\$270.65	\$868.98	\$521.39	\$1,157.86	\$694.72
VCS Board Contribution	\$605.00		\$605.00		\$605.00		\$605.00	

*SPLIT-FAMILY MEDICAL PLAN RATES ARE AVAILABLE TO LEGALLY MARRIED COUPLES WHO WORK FOR THE DISTRICT AND RESIDE AT THE SAME PHYSICAL ADDRESS. (Each employee pays the premium listed.)

Cost per paycheck calculation = Family Monthly Premium less additional "VCS Board Contribution" X 12 months, divided by 20 checks, divided by 2 employees. The benefit of choosing the split-family plan is each employee gets a VCS Contribution toward one family medical plan.

	DELTA DENTAL				VISION SERVICE PLAN		
	DPPO		DHMO		VSP		
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	
Employee Only	\$24.01	\$14.41	\$13.07	\$7.84	\$4.31	\$2.59	
Employee + One	\$44.09	\$26.45	\$22.49	\$13.49	N/A	N/A	
Employee + Family	\$59.46	\$35.68	\$31.86	\$19.12	\$11.88	\$7.13	