



Okaloosa County BCC Benefit Program Rate Sheet

2022 - 2023

Benefit Provider & Plan Options		Paid by BCC	Paid by Employee	
		Monthly	Monthly	Per Pay Period
FL BLUE (Health)				
* HSA PLAN (\$1,500 HSA Contribution)				
	SINGLE	\$969.65	\$0.00	\$0.00
	FAMILY	\$1,045.59	\$366.26	\$183.13
* 05781 Plan				
	SINGLE	\$1,045.59	\$78.95	\$39.48
	FAMILY	\$1,045.59	\$670.84	\$335.42
* 05770 Plan				
	SINGLE	\$1,045.59	\$258.76	\$129.38
	FAMILY	\$1,045.59	\$945.26	\$472.63
TRICARE SUPPLEMENT				
	SINGLE	N/A	\$67.50	\$33.75
	EMPLOYEE + ONE	N/A	\$132.50	\$66.25
	EMPLOYEE FAMILY	N/A	\$178.50	\$89.25
METLIFE (Dental)				
	SINGLE	\$25.49	N/A	N/A
	FAMILY	\$25.49	\$48.46	\$24.23
EYE MED (Vision)				
	EMPLOYEE	N/A	\$5.40	\$2.70
	EMP + SPOUSE	N/A	\$11.64	\$5.82
	EMP + CHILDREN	N/A	\$9.39	\$4.70
	FAMILY	N/A	\$15.62	\$7.81
OCHS (Life & LTD)				
\$25,000 LIFE W/ AD&D	EMPLOYEE	\$1.75	N/A	N/A
LONG TERM DISABILITY (50%)	EMPLOYEE	\$3.53	N/A	N/A
LONG TERM DISABILITY (Buy-Up)	EMPLOYEE	N/A	\$6.49	\$3.25