



**Palm Beach County – Board of County Commissioners  
Group Insurance Rates – 2024**

**Medical Insurance – United Healthcare – The County shares the cost of the premium with employee**

Plan	Level of coverage	Actual Cost	Monthly Employer Portion	Biweekly Employer Portion	Monthly Employee Portion	Biweekly Employee Portion
<b>HMO</b>	EE Only	\$870.62	\$839.62	\$419.81	\$31.00	\$15.50
	EE + 1	\$1,798.36	\$1,597.36	\$798.68	\$201.00	\$100.50
	EE+ 2 or more	\$2,461.14	\$2,121.14	\$1,060.57	\$340.00	\$170.00
	Overage Dep.*	\$522.00	\$0.00	\$0.00	\$522.00	\$261.00
<b>CHOICE</b>	EE Only	\$908.12	\$859.12	\$429.56	\$49.00	\$24.50
	EE + 1	\$1,872.36	\$1,597.36	\$798.68	\$275.00	\$137.50
	EE+ 2 or more	\$2,563.14	\$2,121.14	\$1,060.57	\$442.00	\$221.00
	Overage Dep.*	\$545.00	\$0.00	\$0.00	\$545.00	\$272.50
<b>POS</b>	EE Only	\$962.36	\$895.36	\$447.68	\$67.00	\$33.50
	EE + 1	\$1,956.42	\$1,628.42	\$814.21	\$328.00	\$164.00
	EE+ 2 or more	\$2,680.40	\$2,179.40	\$1,089.70	\$501.00	\$250.50
	Overage Dep.*	\$577.00	\$0.00	\$0.00	\$577.00	\$288.50

**\*Overage Dependent:** Additional amounts for each dep. age 26– 30 will be added to rates for other levels of coverage and 100% employee paid on a post-tax basis.

**Dental Insurance –Solstice – Premiums are 100% employee paid**

Plans	Solstice Basic DHMO S700B-PBC		Solstice Low PPO		Solstice High PPO	
	Monthly Cost	Biweekly Deduction	Monthly Cost	Biweekly Deduction	Monthly Cost	Biweekly Deduction
EE Only	\$10.94	\$5.47	\$17.20	\$8.60	\$33.66	\$16.83
EE + 1	\$18.70	\$9.35	\$32.66	\$16.33	\$64.52	\$32.26
EE+ 2	\$25.34	\$12.67	\$39.96	\$19.98	\$74.54	\$37.27
EE+ 3 or more	\$33.44	\$16.72	\$55.48	\$27.74	\$105.42	\$52.71
Plans	Solstice Enhanced DHMO S200B-PBC		Solstice Premier PPO			
Level of Coverage	Monthly Cost	Biweekly Deduction	Monthly Cost	Biweekly Deduction		
EE Only	\$14.04	\$7.02	\$41.72	\$20.86		
EE + 1	\$24.58	\$12.29	\$79.96	\$39.98		
EE+ 2	\$30.42	\$15.21	\$92.38	\$46.19		
EE+ 3 or more	\$38.62	\$19.31	\$130.66	\$65.33		

**FLEXIBLE SPENDING ACCOUNTS – P & A Administrative Services, Inc. -**

Contributions are based on 26 pay periods

- Healthcare FSA contributions: \$260 min - \$3,200 max annually or \$10.00 - \$123.08 bi-weekly
- Dependent Care FSA contributions: \$260 min - \$5,000 max annually or \$10.00 min - \$192.31 bi-weekly



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**Term Life & AD&D Insurance/Additional Life & AD&D/Spouse Life & AD&D/Child Life – Securian Financial**

<ul style="list-style-type: none"> <li>- <b>Free Basic Term Life:</b> EE Only - \$25,000 + \$15,000 AD&amp;D coverage - 100% employer paid</li> <li>- <b>Additional/Supplement Life &amp; AD&amp;D</b> – EE Only - \$10,000 increments up to \$300,000 – 100% employee paid</li> <li>- <b>Spouse Term Life and *Spouse AD&amp;D Insurance</b> - 100% employee paid \$5,000 increments up to \$50,000 not to exceed 100% of employee’s total coverage</li> <li>- <b>Child Life:</b> \$5,000 or \$10,000 coverage amount - 100% employee paid</li> </ul>							
Coverage Amount	Bi-weekly Rate	Coverage Amount	Bi-weekly Rate	Coverage Amount	Bi-Weekly Rate	SPOUSE Coverage Amount	Bi-weekly Rate
\$10,000	\$1.83	\$110,000	\$20.08	\$210,000	\$38.33	\$5,000	\$0.91
\$20,000	\$3.65	\$120,000	\$21.90	\$220,000	\$40.15	\$10,000	\$1.83
\$30,000	\$5.48	\$130,000	\$23.73	\$230,000	\$41.98	\$15,000	\$2.74
\$40,000	\$7.30	\$140,000	\$25.55	\$240,000	\$43.80	\$20,000	\$3.65
\$50,000	\$9.13	\$150,000	\$27.38	\$250,000	\$45.63	\$25,000	\$4.56
\$60,000	\$10.95	\$160,000	\$29.20	\$260,000	\$47.45	\$30,000	\$5.48
\$70,000	\$12.78	\$170,000	\$31.03	\$270,000	\$49.28	\$35,000	\$6.39
\$80,000	\$14.60	\$180,000	\$32.85	\$280,000	\$51.10	\$40,000	\$7.30
\$90,000	\$16.43	\$190,000	\$34.68	\$290,000	\$52.93	\$45,000	\$8.21
\$100,000	\$18.25	\$200,000	\$36.50	\$300,000	\$54.75	\$50,000	\$9.13
<ul style="list-style-type: none"> <li>- <b>Child Life Coverage amounts of \$5,000 and \$10,000:</b> \$5,000 coverage amount @ premium rate of \$0.18 bi-weekly; \$10,000 coverage amount @ \$0.37 bi-weekly</li> </ul>							

<b>Short Term Disability Insurance – The Standard</b>
EE Only - Weekly benefit is 67% of gross/max \$1200/week. <b>100% employee paid</b> \$11.83 - Bi-weekly Rate

<b>Long Term Disability Insurance – The Standard</b>
<b>Free Basic LTD</b> – EE Only – must have HMO or CHOICE medical plan. Monthly benefit is 50% of monthly gross/max \$1,000/month. <b>*100% Employer paid.</b>
<b>Voluntary /Buy-Up LTD</b> – EE Only - Monthly benefit is 60% of monthly gross / max \$5,000/month. <b>100% employee paid.</b> Cost is based on salary. Use formula to calculate rate: <ul style="list-style-type: none"> <li>- Employee with HMO/CHOICE: Annual salary ÷ 12 months x .00428 - \$4.00 = monthly ÷ 2 = bi-weekly rate</li> <li>- Employee without HMO/CHOICE: Annual salary ÷ 12 months x .00551 = monthly ÷ 2 = bi-weekly rate</li> </ul> <b>Example: HMO/CHOICE EE @ \$50,000/year will pay \$6.92 bi-weekly ♦ Non-HMO/Non-CHOICE EE @ \$50,000 will pay \$11.48 bi-weekly</b>

- All Rates are subject to change.
- The same rates apply for medical, dental and life coverage that include domestic partner. However, the costs for the domestic partner/eligible domestic partner dependent will be deducted on a post-tax basis.

This is a rate summary. In the event of a conflict between this summary and the applicable Group Insurance policy, contract, and/or certificate, the policy, contract and/or certificate shall dictate the insurance and coverage provisions, rates, exclusions, all limitations and terms of coverage. In accordance with the provisions of the ADA, this document may be requested in an alternative format. If you have any questions or would like to receive additional benefit plan materials, please contact your Group Insurance office.