

Escambia County School District

2024 Monthly Funding Rates, ECSD Subsidy, and Employee/Retiree/LOA/Cobra Premiums

Note: Wellness Bonuses (EE-\$40/Monthly, Non-EE Spouse-\$30) Can Be Earned For Completing Wellness Incentive Program

TIER	Total Rates	ECSD Subsidy	Emp/Ret/LOA &Cobra Premium
.A. PLAN:			
Employee Only	\$603.00	\$541.59	
Employee+Spouse	\$1,264.00	\$961.99	
Employee+Child(ren)	\$1,085.00	\$829.71	\$255.2
Employee+Family	\$1,807.00	\$1,375.23	\$431.
Dual Spouse	\$1,264.00	\$1,141.48	\$122.
Dual Spouse+Family	\$1,807.00	\$1,556.28	\$250.
Cobra (Participant)	\$615.06	\$0.00	\$615.
Cobra+Spouse	\$1,289.28	\$0.00	
Cobra+Child(ren)	\$1,106.70	\$0.00	
Cobra+Family	\$1,843.14	\$0.00	\$1,843.
Retiree Only & LOA	\$603.00	\$0.00	\$603.0
Retiree+Spouse & LOA	\$1,264.00	\$0.00	\$1,264.
Retiree+Child(ren) & LOA	\$1,085.00	\$0.00	\$1,085.
Retiree+Family & LOA	\$1,807.00	\$0.00	\$1,807.
SE HRA PLAN:			
Employee Only	\$622.00	\$495.39	\$126.
Employee+Spouse	\$1,307.00	\$891.42	\$415.
Employee+Child(ren)	\$1,120.00	\$770.18	
Employee+Family	\$1,866.00	\$1,273.88	\$592.
Dual Spouse	\$1,307.00	\$1,085.32	\$221.
Dual Spouse+Family	\$1,866.00	\$1,505.62	\$360.
Cobra (Participant)	\$634.44	\$0.00	\$634.
Cobra+Spouse	\$1,333.14	\$0.00	\$1,333.
Cobra+Child(ren)	\$1,142.40	\$0.00	\$1,142.
Cobra+Family	\$1,903.32	\$0.00	\$1,903.
Retiree Only & LOA	\$622.00	\$0.00	\$622.
Retiree+Spouse & LOA	\$1,307.00	\$0.00	\$1,307.
Retiree+Child(ren) & LOA	\$1,120.00	\$0.00	
Retiree+Family & LOA	\$1,866.00	\$0.00	\$1,866.
0 HRA PLAN:			
Employee Only	\$638.00	\$456.98	
Employee+Spouse	\$1,340.00	\$812.86	
Employee+Child(ren)	\$1,147.00	\$704.21	\$442.
Employee+Family	\$1,914.00	\$1,162.51	\$751.
Dual Spouse	\$1,340.00	\$1,035.33	
Dual Spouse+Family	\$1,914.00	\$1,407.05	
Cobra (Participant)	\$650.76	\$0.00	
Cobra+Spouse	\$1,366.80	\$0.00	-
Cobra+Child(ren)	\$1,169.94	\$0.00	
Cobra+Family	\$1,952.28	\$0.00	
Retiree Only & LOA	\$638.00	\$0.00	
Retiree+Spouse & LOA	\$1,340.00	\$0.00	
Retiree+Child(ren) & LOA	\$1,147.00	\$0.00	\$1,147.
Retiree+Family & LOA	\$1,914.00	\$0.00	\$1,914.
lospital Indemnity Plan			



Escambia County School District

2024 Semi-Monthly Funding Rates, ECSD Subsidy, and Employee Premiums

Note: Wellness Bonuses (EE-\$20/Semi-Monthly, Non-EE Spouse-\$15/Semi-Monthly) Can Be Earned For Completing Wellness Incentive Program

TIER	Total Rates	ECSD Subsidy	Emp/Ret/LOA &Cobra Premiums
H.S.A. PLAN:		•	
Employee Only	\$301.50	\$270.80	\$30.70
Employee+Spouse	\$632.00	\$480.99	\$151.01
Employee+Child(ren)	\$542.50	\$414.85	\$127.65
Employee+Family	\$903.50	\$687.61	\$215.89
Dual Spouse	\$632.00	\$570.74	\$61.26
Dual Spouse+Family	\$903.50	\$778.14	\$125.36
BASE HRA PLAN:			
Employee Only	\$311.00	\$247.69	\$63.31
Employee+Spouse	\$653.50	\$445.71	\$207.79
Employee+Child(ren)	\$560.00	\$385.09	\$174.91
Employee+Family	\$933.00	\$636.94	\$296.06
Dual Spouse	\$653.50	\$542.66	\$110.84
Dual Spouse+Family	\$933.00	\$752.81	\$180.19
\$500 HRA PLAN:			
Employee Only	\$319.00	\$228.49	\$90.51
Employee+Spouse	\$670.00	\$406.43	\$263.57
Employee+Child(ren)	\$573.50	\$352.10	\$221.40
Employee+Family	\$957.00	\$581.26	\$375.74
Dual Spouse	\$670.00	\$517.66	\$152.34
Dual Spouse+Family	\$957.00	\$703.52	\$253.48
In-Hospital Indemnity Plan			
Employee Only	\$0.25	\$0.25	\$0.00



Escambia County School District

2024 Bi-Weekly (20 deductions) Funding Rates, ECSD Subsidy, and Employee Premiums

Note: Wellness Bonuses (EE-\$40/Monthly, Non-EE Spouse-\$30) Can Be Earned For Completing Wellness Incentive Program

Educational Support Personnel (20-Deduction Periods)						
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H.S.A. PLAN:	Total Rates	ECSD Subsidy	Emp Premiums			
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Employee Only	\$361.80	\$324.96	\$36.84			
Employee+Spouse	\$758.40	\$577.19	\$181.21			
Employee+Child(ren)	\$651.00	\$497.82	\$153.18			
Employee+Family	\$1,084.20	\$825.14	\$259.06			
Dual Spouse	\$758.40	\$684.89	\$73.51			
Dual Spouse+Family	\$1,084.20	\$933.77	\$150.43			
BASE HRA PLAN:	·	·				
Employee Only	\$373.20	\$297.23	\$75.97			
Employee+Spouse	\$784.20	\$534.85	\$249.35			
Employee+Child(ren)	\$672.00	\$462.11	\$209.89			
Employee+Family	\$1,119.60	\$764.33	\$355.27			
Dual Spouse	\$784.20	\$651.19	\$133.01			
Dual Spouse+Family	\$1,119.60	\$903.37	\$216.23			
\$500 HRA PLAN:	·	·				
Employee Only	\$382.80	\$274.19	\$108.61			
Employee+Spouse	\$804.00	\$487.72	\$316.28			
Employee+Child(ren)	\$688.20	\$422.52	\$265.68			
Employee+Family	\$1,148.40	\$697.51	\$450.89			
Dual Spouse	\$804.00	\$621.20	\$182.80			
Dual Spouse+Family	\$1,148.40	\$844.23	\$304.17			
In-Hospital Indemnity Plan						
Employee Only	\$0.30	\$0.30	\$0.00			