



**DAYTONA  
STATE COLLEGE**

## 2022 COBRA HEALTH PLAN PREMIUMS

For Plan Year Effective:

January 1, 2022 through December 31, 2022

	Florida Blue Plans (PPO)		Florida Health Care Plans (HMO)			High Deductible Florida Blue PPO w/ Health Savings Account	
	Blue Options 03559	Blue Options 03769	FHCP-TS1	FHCP-TS2	TS2 Reg Prem	5190 (Individual)	5191 (Family)
COBRA Participant Only	\$721.14	\$708.90	\$678.02	\$637.35	\$624.85	\$444.72	
COBRA Participant & Spouse	\$1,398.42	\$1,369.86	\$1,314.91	\$1,235.06	\$1,210.84		\$859.86
COBRA Participant + Child(ren) Only	\$1,193.40	\$1,167.90	\$1,121.02	\$1,052.96	\$1,032.31		\$732.36
COBRA Participant + Spouse + Child(ren)	\$1,765.62	\$1,728.90	\$1,660.42	\$1,559.60	\$1,529.02		\$1,083.24

	Delta Dental PPO Option 1	Delta Dental PPO Option 2	Delta Care HMO Option 3
COBRA Participant Only	\$24.37	\$29.14	\$12.93
COBRA Participant & Spouse	\$51.18	\$61.22	\$22.64
COBRA Participant + Child(ren) Only	\$51.68	\$61.81	\$27.18
COBRA Participant + Spouse + Child(ren)	\$85.69	\$102.48	\$38.17

	VSP Vision
COBRA Participant Only	\$5.68
COBRA Participant & Spouse	\$11.39
COBRA Participant + Child(ren) Only	\$11.72
COBRA Participant + Spouse + Child(ren)	\$16.23