



Payroll Deduction Rate Chart

Medical Rates Subject to Union Ratification and Board Approval

◆ DIAMOND = Eligible for Board Contribution

If you do not enroll in a PCS-sponsored medical plan, you are eligible to use up to a \$75 per-pay-period Board credit toward the purchase of eligible supplemental benefits. Eligible benefits are marked on the rate sheets and Enrollment & Change form with a diamond (◆). Enrollment in these supplemental benefits is not automatic. You must complete an Enrollment & Change form and elect them. If you do not elect these supplemental benefit, you forfeit the \$75 per-pay-period credit.

Aetna Medical Plans

Coverage Level	Select Open Access	Choice POS II	CDHP + HRA
Employee	\$79.00	\$88.00	\$60.00
Employee + Spouse	\$214.00	\$234.00	\$174.00
Employee + Child(ren)	\$197.00	\$217.00	\$157.00
Employee + Family	\$283.00	\$322.00	\$228.00
Two Board Family*	\$193.00	\$232.00	\$138.00

Payroll deduction **per-pay-period (20 pays) AFTER** the Board Contribution has been applied.

* To be eligible for Two Board Family, three or more individuals must be covered under the plan and your legal spouse must be a benefits-eligible employee of the School Board.

◆ Humana or MetLife Dental Plans

Coverage Level	Humana Advantage Dental Coverage	MetLife® PDP Dental Coverage
Employee	\$7.02	\$12.46
Employee + 1	13.02	23.06
Employee + Family	19.03	33.28
Two Board Family**	17.03	31.28

◆ EyeMed Vision Plan

Coverage Level	EyeMed Vision Coverage
Employee	No Charge
Employee + 1	\$2.83
Employee + Family	5.92
Two Board Family	5.92

Payroll deduction **per pay period (20 pays) AFTER** the Board Contribution has been applied.

** To be eligible for Two Board Family, three or more individuals must be covered under the plan and your legal spouse must be a benefits-eligible employee of the School Board.

Standard Insurance Company Life Insurance Plans***

Basic Employee Term Life Insurance^①

One times base annual earnings rounded up to next \$1,000 is provided for all eligible PCS employees at no cost to you.

Minimum:
\$15,000
Maximum:
\$200,000

Optional Employee and Dependent Term Life

Age (as of effective date of coverage)	Employee ^② & Spouse ^②		Children ^③	Family ^④
	Rates (per \$10,000)		Rates (per \$2,000)	Formerly "Dependent Life" Rates (per family unit)
under 30	\$ 0.34		\$0.24	\$0.90
30-34	0.48			
35-39	0.54			
40-44	0.60			
45-49	0.90			
50-54	1.38			
55-59	2.58			
60-64	3.96			
65-69	7.62			
70+	12.36			

*** Keep in mind that the amount of coverage you elect will be reduced at certain ages. The \$12.36 contribution shown for age 70 and above actually buys coverage of \$6,500 at ages 70-74, \$4,500 at ages 75-79, and \$3,000 at age 80 and above.

① This coverage is "guarantee issue" and no evidence of good health is required.

② Optional Employee Term Life: \$10,000 minimum, up to \$200,000 in \$10,000 increments or \$250,000, up to \$500,000 maximum in \$50,000 increments; "guarantee issue" (new hire only) to \$100,000 or your current coverage amount; for additional amounts, you must provide evidence of good health; subject to reduction schedules at age 70.

③ Optional Dependent Term Life for Spouse: \$10,000 increments to \$100,000; evidence of good health is required; coverage terminates at age 70.

④ Optional Dependent Term Life for Child(ren): \$2,000 increments to \$10,000; one premium covers all eligible child(ren).

⑤ Optional Family Term Life: One premium covers spouse and eligible child(ren).

Payroll Deduction Rate Chart



◆ DIAMOND = Eligible for Board Contribution

◆ Standard Insurance Company Optional Accidental Death & Dismemberment Insurance

Basic Employee Accidental Death & Dismemberment Insurance is provided for all eligible PCS employees at no cost to you. Coverage Amount: \$2,000

Benefit Amount	Employee Only	Employee + Family	Benefit Amount	Employee Only	Employee + Family
\$50,000	\$0.60	\$1.05	\$200,000	\$2.40	\$4.20
\$100,000	\$1.20	\$2.10	\$300,000	\$3.60	\$6.30

◆ Sun Life Financial Income Protection Short-term Disability Plan (STD) (Base Plan)

An eligible employee may select one of the benefit levels outlined below, provided the Monthly Disability Benefit does not exceed 66⅔% of the person's regular monthly base salary.

If Your Annual Base Salary Is at Least	Monthly Disability Benefit	20 deductions per year when Accident and Sickness Benefits begin after the WAITING/ELIMINATION PERIOD :		
		15-Day Plan	30-Day Plan	60-Day Plan
\$ 7,200	\$ 400	\$ 6.44	\$ 5.20	\$ 4.03
10,800	600	9.66	7.79	6.03
14,400	800	12.88	10.39	8.05
18,000	1,000	16.09	12.99	10.06
21,600	1,200	19.31	15.59	12.07
25,200	1,400	22.53	18.18	14.09
28,800	1,600	25.75	20.79	16.09
32,400	1,800	28.98	23.38	18.11
37,800	2,100	33.80	27.28	21.13
43,200	2,400	38.64	31.18	24.15
48,600	2,700	43.46	35.07	27.16
54,000	3,000	48.29	38.97	30.18
63,000	3,500	56.34	45.47	35.22
72,000	4,000	64.39	51.97	40.24
81,000	4,500	72.44	58.45	45.28
90,000	5,000	80.48	64.95	50.30

Pre-existing conditions, including pregnancy, apply during the first year of new or increased coverage. See the online BENEFlex Guide for full details.

◆ Sun Life Financial Long-term Disability Plan (LTD)

If Your Annual Base Salary Is at Least	Accident and Sickness Monthly Disability Benefit	20 Deductions Per Year	You must enroll in STD in order to enroll in LTD		
			If Your Annual Base Salary Is at Least	Accident and Sickness Monthly Disability Benefit	20 Deductions Per Year
\$ 7,200	\$ 400	\$2.03	\$37,800	\$2,100	\$10.63
10,800	600	3.04	43,200	2,400	12.15
14,400	800	4.05	48,600	2,700	13.68
18,000	1,000	5.06	54,000	3,000	15.20
21,600	1,200	6.08	63,000	3,500	17.73
25,200	1,400	7.09	72,000	4,000	20.26
28,800	1,600	8.10	81,000	4,500	22.79
32,400	1,800	9.11	90,000	5,000	25.32

◆ MetLife Hospital Indemnity Plan (HIP)

Coverage Level	Hospital Indemnity Plan (HIP)
Employee Only	\$8.00
Employee + Spouse	\$13.00
Employee + Children up to age 26	\$17.00
Employee + Family	\$21.00

MetLaw

Call MetLife
(800-438-6388) to Enroll

\$11.85
(no coverage level selection required)

Pre-existing conditions apply to Sun Life disability plans, HIP, and MetLaw. See the online BENEFlex Guide for full details.