

# Payroll Deduction Rate Chart

If you do not enroll in a PCS-sponsored medical plan, you are eligible to use up to a \$75 per-pay-period Board Contribution 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 benefits, you forfeit the \$75 per-pay-period credit.

• DIAMOND = Eligible for the \$75 Per-Pay Board Contribution Credit

Aetna Medical Plans - 2025						
COVERAGE LEVEL	SELECT OPEN ACCESS	CHOICE SHARE PLAN	CDHP + HRA	BASIC ESSENTIAL		
Employee	\$101.00	\$112.00	\$79.00	\$39.00		
Employee + Spouse	\$264.00	\$287.00	\$218.00	\$140.00		
Employee + Child(ren)	\$240.00	\$262.00	\$195.00	\$130.00		
Employee + Spouse + Child(ren)	\$353.00	\$397.00	\$290.00	\$173.00		
Two Board Employee + Child(ren) <sup>1</sup>	\$254.00	\$298.00	\$191.00	\$74.00		

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

<sup>&</sup>lt;sup>1</sup> 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			◆ EyeMed Vision Plan		
COVERAGE LEVEL	HUMANA ADVANTAGE	METLIFE® PDP	COVERAGE LEVEL	EYEMED	
Employee	\$7.93	\$14.93	Employee	No Charge	
Employee + 1	\$14.56	\$27.36	Employee + 1	\$2.83	
Employee + Family	\$21.27	\$39.49	Employee + Family	\$5.92	
Two Board Family <sup>2</sup>	\$19.27	\$37.49	Two Board Family	\$5.92	

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

<sup>&</sup>lt;sup>2</sup> 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.

• MetLife Hospital Indemnity Plan (HIP)	MetLife Legal Plan		
COVERAGE LEVEL	HOSPITAL INDEMNITY PLAN (HIP)	CALL METLIFE (800-438-6388) TO ENROLL	
Employee Only	\$8.00		
Employee + Spouse	\$13.00	\$11.85	
Employee + Children up to age 26	\$17.00	(no coverage level selection required)	
Employee + Family	\$21.00		

Pre-existing conditions apply to The Standard Disability plans, HIP, and the MetLife Legal Plan. See the online Employee Benefits and Wellness Guide for full details.



◆ DIAMOND = Eligible for the \$75 Per-Pay Board Contribution Credit

## Standard Insurance Company Life Insurance Plans<sup>3</sup>

# Term Life Insurance<sup>0</sup>

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 be					
Employee <sup>©</sup> & Spouse <sup>©</sup>					
AGE (AS OF EFFECTIVE DATE OF COVERAGE)	RATES (PER \$10,000)				
under 30	\$0.34				
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				

<sup>&</sup>lt;sup>3</sup>At age 70, your coverage will be reduced to 65% of your elected amount. At age 75, your coverage will be reduced to 45% and at age 80, your coverage will be reduced to 30%. Refer to page 98 of the 2025 Employee Benefits and Wellness Guide for more information.

#### Basic Employee Optional Employee and Dependent Term Life Children 4 Family<sup>6</sup> **FORMERLY "DEPENDENT LIFE"**

**RATES (PER \$2,000)** RATES (PER FAMILY UNIT) \$0.24 \$0.90

- This coverage is "guarantee issue" and no evidence of good health is required.
- 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 \$250,000 or your current coverage amount; for additional amounts, you must provide evidence of good health; subject to reduction schedules at age 70.
- 6 Optional Dependent Term Life for Spouse: \$10,000 increments to \$100,000; (Guaranteed coverage available up to \$30,000, if you enroll within 31 days of becoming eligible); coverage terminates at age 70.
- Optional Dependent Term Life for Child(ren): \$2,000 increments to \$10,000; one premium covers all eligible child(ren).
- Optional Family Term Life: One premium covers spouse and eligible

#### 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

## Standard Insurance Company Disability

An eligible employee may select one plan and one waiting period, outlined below, provided the Monthly Disability Benefit does not exceed 66<sup>2/3</sup>% of the person's regular monthly base salary.

IF YOUR ANNUAL BASE	MONTHLY DISABILITY BENEFIT	TWO YEAR PLAN AND WAITING PERIODS		TO SSNRA4 PLAN AND WAITING PERIODS			
SALARY IS AT LEAST:		14 Days	30 Days	60 Days	14 Days	30 Days	60 Days
\$7,200	\$400	\$5.81	\$3.72	\$2.07	\$7.52	\$4.99	\$3.15
\$10,800	\$600	\$8.71	\$5.58	\$3.10	\$11.28	\$7.48	\$4.72
\$14,400	\$800	\$11.61	\$7.44	\$4.14	\$15.03	\$9.97	\$6.29
\$18,000	\$1,000	\$14.51	\$9.31	\$5.17	\$18.79	\$12.47	\$7.87
\$21,600	\$1,200	\$17.42	\$11.17	\$6.21	\$22.55	\$14.96	\$9.44
\$25,200	\$1,400	\$20.32	\$13.03	\$7.24	\$26.31	\$17.46	\$11.01
\$28,800	\$1,600	\$23.22	\$14.89	\$8.28	\$30.07	\$19.95	\$12.59
\$32,400	\$1,800	\$26.13	\$16.75	\$9.31	\$33.83	\$22.44	\$14.16
\$37,800	\$2,100	\$30.48	\$19.54	\$10.86	\$39.46	\$26.18	\$16.52
\$43,200	\$2,400	\$34.83	\$22.33	\$12.41	\$45.10	\$29.92	\$18.88
\$48,600	\$2,700	\$39.19	\$25.13	\$13.96	\$50.74	\$33.66	\$21.24
\$54,000	\$3,000	\$43.54	\$27.92	\$15.52	\$56.38	\$37.40	\$23.60
\$63,000	\$3,500	\$50.80	\$32.57	\$18.10	\$65.77	\$43.64	\$27.53
\$72,000	\$4,000	\$58.06	\$37.22	\$20.69	\$75.17	\$49.87	\$31.46
\$81,000	\$4,500	\$65.31	\$41.88	\$23.27	\$84.56	\$56.11	\$35.40
\$90,000	\$5,000	\$72.57	\$46.53	\$25.86	\$93.96	\$62.34	\$39.33

Pre-existing conditions, including pregnancy, apply during the first year of new or increased coverage. See page 107 and the online Employee Benefits and Wellness Guide for full details.

<sup>&</sup>lt;sup>4</sup> Social Security Normal Retirement Age (SSNRA)