

# 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.

Rates Subject to Union Ratification and Board Approval

AETNA MEDICAL PLANS				
COVERAGE LEVEL	SELECT OPEN ACCESS	CHOICE POS II	CDHP + HRA	BASIC ESSENTIAL
Employee	\$89.00	\$99.00	\$69.00	\$31.00
Employee + Spouse	\$238.00	\$259.00	\$195.00	\$121.00
Employee + Child(ren)	\$217.00	\$238.00	\$174.00	\$113.00
Employee + Family	\$315.00	\$357.00	\$256.00	\$147.00
Two Board Family <sup>1</sup>	\$220.00	\$262.00	\$161.00	\$52.00

Payroll deduction **per-pay-period (20 pays, bi-weekly deductions)** AFTER the Board Contribution credit has been applied. **1** 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 AND 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 <sup>2</sup>	\$5.92

Payroll deduction **per pay period (20 pays, bi-weekly deductions)** AFTER the Board Contribution credit has been applied. **2** 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  CALL METLIFE TO ENROLL (800-438-6388)  \$11.85  (no coverage level selection required)
COVERAGE LEVEL	HIP	
Employee Only	\$8.00	
Employee + Spouse	\$13.00	
Employee + Child(ren) up to age 26	\$17.00	
Employee + Family	\$21.00	

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

# PAYROLL DEDUCTION RATE CHART

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

STANDARD INSURANCE COMPANY LIFE INSURANCE PLANS *				
BASIC EMPLOYEE TERM LIFE INSURANCE <sup>1</sup>	OPTIONAL EMPLOYEE AND DEPENDENT TERM LIFE			
	EMPLOYEE <sup>2</sup> & SPOUSE <sup>3</sup>		CHILDREN <sup>4</sup>	FAMILY <sup>5</sup>
One times base annual earnings rounded up to the next \$1,000 is provided for all eligible PCS employees at no cost to you.  Minimum: \$15,000 Maximum: \$200,000  *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.	Age (as of effective date of coverage)	Rate (per \$10,000)	Rates (per \$2,000)	Rates (per family unit)
	Under 30	\$0.34	\$0.24	\$0.90
	30-34	0.48	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 unmarried child(ren) under 26 years old.	
	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			

## ◆ STANDARD INSURANCE COMPANY OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

BENEFIT AMOUNT	EMPLOYEE ONLY	EMPLOYEE + FAMILY	Basic Employee AD&D Insurance is provided for all eligible PCS employees at no cost to you. Coverage Amount: \$2,000
\$50,000	\$0.60	\$1.05	
\$100,000	\$1.20	\$2.10	
\$200,000	\$2.40	\$4.20	
\$300,000	\$3.60	\$6.30	

## ◆ STANDARD INSURANCE COMPANY DISABILITY INSURANCE PLANS

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 SALARY IS AT LEAST	MONTHLY DISABILITY BENEFIT	TWO YEAR PLAN AND WAITING PERIODS			TO SSNRA <sup>4</sup> PLAN AND WAITING PERIODS		
		14 DAYS	30 DAYS	60 DAYS	14 DAYS	30 DAYS	60 DAYS
\$ 7,200	\$ 400	\$ 5.28	\$ 3.38	\$ 1.88	\$ 6.83	\$ 4.54	\$ 2.86
10,800	600	7.91	5.08	2.82	10.25	6.80	4.29
14,400	800	10.55	6.77	3.76	13.67	9.07	5.72
18,000	1,000	13.19	8.46	4.70	17.08	11.33	7.15
21,600	1,200	15.83	10.15	5.65	20.50	13.60	8.58
25,200	1,400	18.47	11.84	6.59	23.92	15.87	10.01
28,800	1,600	21.11	13.54	7.52	27.33	18.13	11.44
32,400	1,800	23.75	15.23	8.47	30.75	20.40	12.88
37,800	2,100	27.71	17.77	9.88	35.87	23.80	15.02
43,200	2,400	31.67	20.30	11.29	41.00	27.20	17.17
48,600	2,700	35.62	22.84	12.70	46.12	30.60	19.31
54,000	3,000	39.58	25.38	14.11	51.25	34.00	21.46
63,000	3,500	46.18	29.61	16.46	59.79	39.67	25.03
72,000	4,000	52.78	33.84	18.82	68.33	45.34	28.61
81,000	4,500	59.38	38.07	21.17	76.87	51.01	32.18
90,000	5,000	65.97	42.30	23.52	85.41	56.67	35.76

Pre-existing conditions, including pregnancy, apply during the first year of new or increased coverage. See pages 32-34 located in the online BENEFlex Guide for full details.

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