

PINELLAS COUNTY SCHOOLS
2020 EMPLOYEE BENEFITS RATE CHART

Plan Name	Type of Coverage	Payroll Deduct	Job Sh. Rates	Retiree Rates	COBRA Rates
AETNA	Employee	\$62.00	\$231.50	\$668.33	\$681.70
CDHP	Emp + Spouse	\$178.00	\$486.50	\$1,325.00	\$1,351.50
	Emp + Child(ren)	\$159.00	\$431.50	\$1,173.33	\$1,196.80
	Family	\$233.00	\$690.50	\$1,913.33	\$1,951.60
	2B Family	\$143.00			
AETNA	Employee	\$81.00	\$250.50	\$700.00	\$714.00
SELECT OPEN ACCESS	Emp + Spouse	\$218.00	\$526.50	\$1,391.67	\$1,419.50
	Emp + Child(ren)	\$199.00	\$471.50	\$1,240.00	\$1,264.80
	Family	\$288.00	\$745.50	\$2,005.00	\$2,045.10
	2B Family	\$198.00			
AETNA	Employee	\$90.00	\$259.50	\$715.00	\$729.30
CHOICE POS II	Emp + Spouse	\$238.00	\$546.50	\$1,425.00	\$1,453.50
	Emp + Child(ren)	\$219.00	\$491.50	\$1,273.33	\$1,298.80
	Family	\$327.00	\$784.50	\$2,070.00	\$2,111.40
	2B Family	\$237.00			
HUMANA DENTAL	Employee	\$7.02	\$10.02	\$21.70	\$22.13
PREPAID	Emp + 1	\$13.02	\$17.52	\$36.70	\$37.43
	Family	\$19.03	\$25.53	\$53.38	\$54.45
	2B Family	\$17.03	\$24.53	N/A	N/A
MET LIFE	Employee	\$13.57	\$16.57	\$32.61	\$33.26
INDEMNITY	Emp + 1	\$24.98	\$29.48	\$56.64	\$57.77
DENTAL	Family	\$36.06	\$42.56	\$81.77	\$83.41
	2B Family	\$34.06	\$41.56	N/A	N/A
EYE MED	Employee	\$0.00		\$3.65	\$3.72
VISION	Emp + 1	\$2.83		\$8.37	\$8.54
	Family	\$5.92		\$13.51	\$13.78
STANDARD AD&D					
\$50,000	Employee	\$0.60		\$1.00	NA
\$50,000	Family	\$1.05		\$1.75	NA
\$100,000	Employee	\$1.20		\$2.00	NA
\$100,000	Family	\$2.10		\$3.50	NA
\$200,000	Employee	\$2.40		\$4.00	NA
\$200,000	Family	\$4.20		\$7.00	NA
\$300,000	Employee	\$3.60		\$6.00	NA
\$300,000	Family	\$6.30		\$10.50	NA

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FAMILY LIFE	Family	\$0.90	\$1.50	NA
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SUPPLEMENTAL & VTL LIFE	<u>Coverage</u>			
	29 & Under		See	NA
	30 - 34		Separate	
	35 - 39		Rate Chart	
	40 - 44			
	45 - 49			
	50 - 54			
	55 - 59			
	60 - 64			
	65 - 69			
	70 & Over			

CHILD LIFE	<u>Coverage</u>			
		\$2,000		
		\$4,000		
		\$6,000		
		\$8,000		
		\$10,000		

	<u>Type of Coverage</u>	<u>Payroll Deduct</u>	<u>Job Sh. Rates</u>	<u>Retiree Rates</u>	<u>COBRA Rates</u>
METLIFE HOSPITAL INDEMNITY PLAN	Employee	\$8.00			NA
	Emp + Spouse	\$13.00			
	Emp + Children	\$17.00			
	Emp +Family	\$21.00			

2020 HEALTH BOARD CONTRIBUTION	Employee			
	Emp + Child(ren)			
	Emp + Spouse			
	Family			
	2B Family			

2020 DENTAL BOARD CONTRIBUTION	Employee			
	Employee + 1			
	Family			
	2B Family			

VISION BOARD CONTRIBUTION	Family			
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2020LIFE	\$.075 per \$1,000 per mo
PREMIUM & ADD	.01 per \$1000

2020	\$.076 per person per month
	17,000 EE = \$16,560

Premium based upon monthly rates (12). Payroll deductions & board contribution based upon 20 deductions per calendar year; 11 January through May and 9 August through December.