

## PINELLAS COUNTY SCHOOLS 2018 EMPLOYEE BENEFITS RATE CHART

<b>Plan Name</b>	<b>Type of Coverage</b>	<b>Payroll Deduct</b>	<b>Job Sh. Rates</b>	<b>Retiree Rates</b>	<b>COBRA Rates</b>
<b>HUMANA CDHP</b>	<b>Employee</b>	\$58.00	\$218.00	\$630.00	\$642.60
	<b>Emp + Spouse</b>	\$169.00	\$460.00	\$1,251.67	\$1,276.70
	<b>Emp + Child(ren)</b>	\$154.00	\$410.00	\$1,110.00	\$1,132.20
	<b>Family</b>	\$223.00	\$653.50	\$1,806.67	\$1,842.80
	<b>2B Family</b>	\$128.00			
<b>HUMANA HMO STAFF</b>	<b>Employee</b>	\$77.00	\$237.00	\$661.67	\$674.90
	<b>Emp + Spouse</b>	\$207.00	\$498.00	\$1,315.00	\$1,341.30
	<b>Emp + Child(ren)</b>	\$192.00	\$448.00	\$1,173.33	\$1,196.80
	<b>Family</b>	\$276.00	\$706.50	\$1,895.00	\$1,932.90
	<b>2B Family</b>	\$181.00			
<b>HUMANA NPOS</b>	<b>Employee</b>	\$86.00	\$246.00	\$676.67	\$690.20
	<b>Emp + Spouse</b>	\$226.00	\$517.00	\$1,346.67	\$1,373.60
	<b>Emp + Child(ren)</b>	\$211.00	\$467.00	\$1,205.00	\$1,229.10
	<b>Family</b>	\$314.00	\$744.50	\$1,958.33	\$1,997.50
	<b>2B Family</b>	\$219.00			
<b>HUMANA DENTAL PREPAID</b>	<b>Employee</b>	\$7.02	\$10.02	\$21.70	\$22.13
	<b>Emp + 1</b>	\$13.02	\$17.52	\$36.70	\$37.43
	<b>Family</b>	\$19.03	\$25.53	\$53.38	\$54.45
	<b>2B Family</b>	\$17.03	\$24.53	\$53.38	
<b>MET LIFE INDEMNITY DENTAL</b>	<b>Employee</b>	\$12.46	\$15.46	\$30.76	\$31.38
	<b>Emp + 1</b>	\$23.06	\$27.56	\$53.43	\$54.50
	<b>Family</b>	\$33.28	\$39.78	\$77.14	\$78.68
	<b>2B Family</b>	\$31.28	\$38.78	N/A	
<b>EYE MED VISION</b>	<b>Employee</b>	\$0.00		\$3.65	\$3.72
	<b>Emp + 1</b>	\$2.83		\$8.37	\$8.54
	<b>Family</b>	\$5.92		\$13.51	\$13.78
<b>STANDARD AD&amp;D</b>	<b>\$50,000 Employee</b>	\$0.60		\$1.00	NA
	<b>\$50,000 Family</b>	\$1.05		\$1.75	NA
	<b>\$100,000 Employee</b>	\$1.20		\$2.00	NA
	<b>\$100,000 Family</b>	\$2.10		\$3.50	NA
	<b>\$200,000 Employee</b>	\$2.40		\$4.00	NA
	<b>\$200,000 Family</b>	\$4.20		\$7.00	NA
	<b>\$300,000 Employee</b>	\$3.60		\$6.00	NA
	<b>\$300,000 Family</b>	\$6.30		\$10.50	NA

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

<b>CHILD LIFE</b>	<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>
<b>METLIFE HOSPITAL INDEMNITY PLAN</b>	<b>Employee</b>	\$8.00			NA
	<b>Emp + Spouse</b>	\$13.00			
	<b>Emp + Children</b>	\$17.00			
	<b>Emp +Family</b>	\$21.00			

**Payroll deductions & board contribution based upon  
20 deductions per calendar year.**