

## PINELLAS COUNTY SCHOOLS 2019 EMPLOYEE BENEFITS RATE CHART

**Medical rates subject to Union ratification and Board approval**

<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>AETNA</b>	<b>Employee</b>	\$60.00	\$228.00	\$660.00	\$673.20
<b>CDHP</b>	<b>Emp + Spouse</b>	\$174.00	\$479.50	\$1,308.33	\$1,334.50
	<b>Emp + Child(ren)</b>	\$157.00	\$426.50	\$1,160.00	\$1,183.20
	<b>Family</b>	\$228.00	\$681.00	\$1,890.00	\$1,927.80
	<b>2B Family</b>	\$138.00			
<b>AETNA</b>	<b>Employee</b>	\$79.00	\$247.00	\$691.67	\$705.50
<b>SELECT OPEN ACCESS</b>	<b>Emp + Spouse</b>	\$214.00	\$519.50	\$1,375.00	\$1,402.50
	<b>Emp + Child(ren)</b>	\$197.00	\$466.50	\$1,226.67	\$1,251.20
	<b>Family</b>	\$283.00	\$736.00	\$1,981.67	\$2,021.30
	<b>2B Family</b>	\$193.00			
<b>AETNA</b>	<b>Employee</b>	\$88.00	\$256.00	\$706.67	\$720.80
<b>CHOICE POS II</b>	<b>Emp + Spouse</b>	\$234.00	\$539.50	\$1,408.33	\$1,436.50
	<b>Emp + Child(ren)</b>	\$217.00	\$486.50	\$1,260.00	\$1,285.20
	<b>Family</b>	\$322.00	\$775.00	\$2,046.67	\$2,087.60
	<b>2B Family</b>	\$232.00			
<b>HUMANA DENTAL</b>	<b>Employee</b>	\$7.02	\$10.02	\$21.70	\$22.13
<b>PREPAID</b>	<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</b>	<b>Employee</b>	\$12.46	\$15.46	\$30.76	\$31.38
<b>INDEMNITY</b>	<b>Emp + 1</b>	\$23.06	\$27.56	\$53.43	\$54.50
<b>DENTAL</b>	<b>Family</b>	\$33.28	\$39.78	\$77.14	\$78.68
	<b>2B Family</b>	\$31.28	\$38.78	N/A	
<b>EYE MED</b>	<b>Employee</b>	\$0.00		\$3.65	\$3.72
<b>VISION</b>	<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</b>	<b>Employee</b>	\$0.60		\$1.00	NA
<b>\$50,000</b>	<b>Family</b>	\$1.05		\$1.75	NA
<b>\$100,000</b>	<b>Employee</b>	\$1.20		\$2.00	NA
<b>\$100,000</b>	<b>Family</b>	\$2.10		\$3.50	NA
<b>\$200,000</b>	<b>Employee</b>	\$2.40		\$4.00	NA
<b>\$200,000</b>	<b>Family</b>	\$4.20		\$7.00	NA
<b>\$300,000</b>	<b>Employee</b>	\$3.60		\$6.00	NA
<b>\$300,000</b>	<b>Family</b>	\$6.30		\$10.50	NA

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<b>FAMILY LIFE</b>	<b>Family</b>	\$0.90		\$1.50	NA
<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				
<b>METLIFE HOSPITAL INDEMNITY PLAN</b>	<u>Type of Coverage</u>	<u>Payroll Deduct</u>	<u>Job Sh. Rates</u>	<u>Retiree Rates</u>	<u>COBRA Rates</u>
	<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.**