



# 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**

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

### 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) AFTER the Board Contribution credit has been applied.

<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>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                        | <b>\$11.85</b><br>(no coverage level selection required) |
| Employee + Spouse                       | \$13.00                       |  |
| Employee + Children 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.



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

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

### Basic Employee Term Life Insurance<sup>1</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 Dependent Term Life

| Age (as of effective date of coverage) | Employee <sup>2</sup> & Spouse <sup>3</sup> |                     | Children <sup>4</sup>                             | Family <sup>5</sup> |
|--|---|---------------------|---|---------------------|
|  | Rates (per \$10,000)                        | Rates (per \$2,000) | Formerly "Dependent Life" Rates (per family unit) |                     |
| under 30                               | \$ 0.34                                     | \$0.24              | \$0.90  |                     |
| 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                                       |                     |   |                     |

- 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 \$250,000 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; (Guaranteed coverage available up to \$30,000, if you enroll within 31 days of becoming eligible); 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 eligible child(ren).

<sup>3</sup> 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.

## ◆ 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 66⅔% 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                     | \$5.81                            | \$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 25 and the online BENEFlex Guide for full details. [\\$25.86](#)  
<sup>4</sup> Social Security Normal Retirement Age (SSNRA)

