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.

### Aetna Medical Plans

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Select Open Access</th>
<th>Choice POS II</th>
<th>CDHP + HRA</th>
<th>Basic Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$89.00</td>
<td>$99.00</td>
<td>$69.00</td>
<td>$31.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$238.00</td>
<td>$259.00</td>
<td>$195.00</td>
<td>$121.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$217.00</td>
<td>$238.00</td>
<td>$174.00</td>
<td>$113.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$315.00</td>
<td>$357.00</td>
<td>$256.00</td>
<td>$147.00</td>
</tr>
<tr>
<td>Two Board Family¹</td>
<td>$220.00</td>
<td>$262.00</td>
<td>$161.00</td>
<td>$52.00</td>
</tr>
</tbody>
</table>

Payroll deduction per-pay-period (20 pays) 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 or MetLife Dental Plans

- **Humana Advantage MetLife® PDP**
  - Employee: $7.93
  - Employee + 1: $14.56
  - Employee + Family: $21.27
  - Two Board Family²: $220.00

- **EyeMed Vision Plan**
  - Employee: No Charge
  - Employee + 1: $2.83
  - Employee + Family: $5.92
  - Two Board Family: $5.92

Payroll deduction per pay period (20 pays) 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)

- **Hospital Indemnity Plan (HIP)**
  - Employee Only: $8.00
  - 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.

### MetLife Legal Plan

- **Call MetLife (800-438-6388) to Enroll**
- **$11.85**
  - (no coverage level selection required)
**Overview**

**Standard Insurance Company Life Insurance Plans**

- **Basic Employee Term Life Insurance**
  - 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**
  - **Employee & Spouse**
  - **Children**
  - **Family**

**Optional Employee and Dependent Term Life Rates**

- **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

- **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.

- **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.

- **Optional Dependent Term Life for Child(ren)**: $2,000 increments to $10,000; one premium covers all eligible child(ren).

- **Optional Family Term Life**: One premium covers spouse and eligible child(ren).

**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.

**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 66 2/3% of the person’s regular monthly base salary.

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Employee Only</th>
<th>Employee + Family</th>
<th>Benefit Amount</th>
<th>Employee Only</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000</td>
<td>$0.60</td>
<td>$1.05</td>
<td>$200,000</td>
<td>$2.40</td>
<td>$4.20</td>
</tr>
<tr>
<td>$100,000</td>
<td>$1.20</td>
<td>$2.10</td>
<td>$300,000</td>
<td>$3.60</td>
<td>$6.30</td>
</tr>
</tbody>
</table>

**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.**

**PAYROLL DEDUCTION RATE CHART**

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

**Social Security Normal Retirement Age (SSNRA)**