



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 - 2024

Coverage Level	Select Open Access	Choice POS II	CDHP + HRA	Basic Essential
Employee	\$93.00	\$104.00	\$72.00	\$32.00
Employee + Spouse	\$249.00	\$272.00	\$204.00	\$127.00
Employee + Child(ren)	\$227.00	\$249.00	\$182.00	\$118.00
Employee + Family	\$330.00	\$374.00	\$268.00	\$154.00
Two Board Family ¹	\$231.00	\$275.00	\$169.00	\$55.00

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

Coverage Level	Humana Advantage	MetLife® PDP
Employee	\$7.93	\$14.93
Employee + 1	\$14.56	\$27.36
Employee + Family	\$21.27	\$39.49
Two Board Family ²	\$19.27	\$37.49

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.

◆ EyeMed Vision Plan

Coverage Level	EyeMed
Employee	No Charge
Employee + 1	\$2.83
Employee + Family	\$5.92
Two Board Family	\$5.92

◆ MetLife Hospital Indemnity Plan (HIP)

Coverage Level	Hospital Indemnity Plan (HIP)
Employee Only	\$8.00
Employee + Spouse	\$13.00
Employee + Children up to age 26	\$17.00
Employee + Family	\$21.00

MetLife Legal Plan

Call MetLife (800-438-6388) to Enroll

\$11.85
(no coverage level selection required)

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 Plans³

Basic Employee Term Life Insurance¹

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 ² & Spouse ³		Children ⁴	Family ⁵
Age (as of effective date of coverage)	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).

³ 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 66 2/3% 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 ⁴ 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 73 and the online BENEFlex Guide for full details.

⁴ Social Security Normal Retirement Age (SSNRA)

