

PINELLAS COUNTY SCHOOLS

2025 EMPLOYEE BENEFITS LOA RATE CHART

Plan	Type of	Monthly	10 Month	Biweekly	Payroll	Monthly Coupon	Monthly Coupon
<u>Name</u>	<u>Coverage</u>	<u>Premium</u>	<u>Premium</u>	<u>Bd. Cont</u>	<u>Deduct</u>	<u>FMLA Rate</u>	<u>Reg Non FMLA Rates</u>
AETNA	Employee	\$904.67	\$542.80	\$463.80	\$79.00	\$158.00	\$1,085.60
CDHP	Emp + Spouse	\$1,787.33	\$1,072.40	\$854.40	\$218.00	\$436.00	\$2,144.80
	Emp + Child(ren)	\$1,583.00	\$949.80	\$754.80	\$195.00	\$390.00	\$1,899.60
	Family	\$2,579.33	\$1,547.60	\$1,257.60	\$290.00	\$580.00	\$3,095.20
	2B Family	\$2,494.33	\$1,496.60	\$1,305.60	\$191.00	\$382.00	\$2,993.20
AETNA SELECT OPEN ACCESS	Employee	\$941.33	\$564.80	\$463.80	\$101.00	\$202.00	\$1,129.60
	Emp + Spouse	\$1,864.00	\$1,118.40	\$854.40	\$264.00	\$528.00	\$2,236.80
	Emp + Child(ren)	\$1,658.00	\$994.80	\$754.80	\$240.00	\$480.00	\$1,989.60
	Family	\$2,684.33	\$1,610.60	\$1,257.60	\$353.00	\$706.00	\$3,221.20
	2B Family	\$2,599.33	\$1,559.60	\$1,305.60	\$254.00	\$508.00	\$3,119.20
AETNA CHOICE SHARE PLAN	Employee	\$959.67	\$575.80	\$463.80	\$112.00	\$224.00	\$1,151.60
	Emp + Spouse	\$1,902.33	\$1,141.40	\$854.40	\$287.00	\$574.00	\$2,282.80
	Emp + Child(ren)	\$1,694.67	\$1,016.80	\$754.80	\$262.00	\$524.00	\$2,033.60
	Family	\$2,757.67	\$1,654.60	\$1,257.60	\$397.00	\$794.00	\$3,309.20
	2B Family	\$2,672.67	\$1,603.60	\$1,305.60	\$298.00	\$596.00	\$3,207.20
AETNA BASIC ESSENTIAL	Employee	\$838.00	\$502.80	\$463.80	\$39.00	\$78.00	\$1,005.60
	Emp + Spouse	\$1,657.33	\$994.40	\$854.40	\$140.00	\$280.00	\$1,988.80
	Emp + Child(ren)	\$1,474.67	\$884.80	\$754.80	\$130.00	\$260.00	\$1,769.60
	Family	\$2,384.33	\$1,430.60	\$1,257.60	\$173.00	\$346.00	\$2,861.20
	2B Family	\$2,299.33	\$1,379.60	\$1,305.60	\$74.00	\$148.00	\$2,759.20
HUMANA DENTAL PREPAID	Employee	\$23.22	\$13.93	\$6.00	\$7.93	\$15.86	\$27.86
	Emp + 1	\$39.27	\$23.56	\$9.00	\$14.56	\$29.12	\$47.12
	Family	\$57.12	\$34.27	\$13.00	\$21.27	\$42.54	\$68.54
	2B Family	\$57.12	\$34.27	\$15.00	\$19.27	\$38.54	\$68.54
MET LIFE INDEMNITY DENTAL	Employee	\$34.89	\$20.93	\$6.00	\$14.93	\$29.87	\$41.87
	Emp + 1	\$60.60	\$36.36	\$9.00	\$27.36	\$54.72	\$72.72
	Family	\$87.49	\$52.49	\$13.00	\$39.49	\$78.99	\$104.99
	2B Family	\$87.49	\$52.49	\$15.00	\$37.49	\$74.99	\$104.99
EYE MED VISION	Employee	\$3.65	\$2.19	\$2.19	\$0.00	\$0.00	\$4.38
	Emp + 1	\$8.37	\$5.02	\$2.19	\$2.83	\$5.66	\$10.04
	Family	\$13.51	\$8.11	\$2.19	\$5.92	\$11.83	\$16.21

*Each Monthly Leave Coupon includes two payroll deductions.