

**Pinellas County Schools
Risk Management and Insurance Department
2018 Retiree Monthly Rate Chart**

Health Plans

Type of Coverage

Single
Retiree and Child(ren)
Retiree and Spouse
Family

HUMANA CDHP	HUMANA STAFF	HUMANA NPOS
\$630.00	\$661.67	\$676.67
\$1,100.00	\$1,173.30	\$1,205.00
\$1,251.67	\$1,315.00	\$1,346.67
\$1,806.67	\$1,895.00	\$1,958.33

Supplemental Plans

Type of Coverage

Single
Two Person
Family

HUMANA DENTAL	METLIFE DENTAL	EYE MED VISION
\$21.70	\$30.76	\$3.65
\$36.70	\$53.43	\$8.37
\$53.38	\$77.14	\$13.51

Type of Coverage

\$5,000 Term Life

Dependent Life
\$1.50

Health rates are monthly and are deducted from your retirement check.

Dental rates are monthly and are paid directly to Humana Comp Benefits. You will receive a bill.

Vision and Life Insurance rates are monthly and are deducted from your retirement check.

ATTN: Investment Plan Members-Payment for vision/life coverages mailed to PCSB monthly.

If your annual premium(s) are under \$100.00 per year, you will be billed in one installment.

Board Life Insurance Rates

RATES BELOW ARE PER \$1,000 OF COVERAGE, BASED ON YOUR AGE ON JANUARY 1ST

Less than Age 39	\$0.10
Age 40 to Age 44	\$0.12
Age 45 to Age 49	\$0.19
Age 50 to Age 54	\$0.31
Age 55 to Age 59	\$0.47
Age 60 to Age 64	\$0.89
Age 65 to Age 69	\$1.41
70 and Older	\$2.06