

BENEFITS OUTLOOK

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M Y B E N E F I T S

R a t e s P e r P a y c h e c k

This *Benefits Outlook* feature shows you the **per pay period (based on 24 pay periods)** rates for each district benefit option.

Medical Plan					
Option	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + 2 or more Children	Employee + Family
Consumer Plus - Limited	\$76.75	\$324.75	\$232.00	\$300.75	\$572.25
Consumer Plus - Choice	\$80.50	\$341.00	\$243.50	\$315.75	\$600.75
Consumer Basic - Choice	\$56.75	\$292.75	\$207.00	\$272.25	\$524.25
Choice POS II - High (TRS-3)	\$294.50	\$911.75	\$682.00	\$855.50	\$1,474.00
Select Low (Catastrophic)	\$33.00	\$189.00	\$127.00	\$173.25	\$319.25

Dental Plan				
Option	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Dental HMO Plus	\$5.10	\$9.54	\$8.67	\$12.44
Dental HMO Basic	\$2.63	\$4.91	\$4.46	\$6.40
Dental PPO	\$16.75	\$33.19	\$33.11	\$51.79
Discount Dental	\$0.00	\$4.00	\$4.00	\$6.00

Vision Plan				
Option	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	\$3.07	\$6.08	\$6.39	\$9.79
Low Option	\$2.10	\$3.96	\$4.14	\$7.72

Health Care or Limited Flexible Spending Account (FSA)	
Minimum Contribution	Maximum Contribution
\$600 per year or \$25 per pay period	\$5,000 per year or \$208.33 per pay period

Dependent Care Flexible Spending Account (FSA)	
Minimum Contribution	Maximum Contribution
\$600 per year or \$25 per pay period	\$5,000 per year or \$208.33 per pay period

Employee Life and AD&D Insurance

AD&D rate of \$0.010 per \$1,000 included in Employee rates. If your spouse also works for the district, you may each have Employee Life and AD&D or one of you may have Employee Life and AD&D and the other have Spouse Life and AD&D , but not both.

Benefit Level	Your Age January 1 of Plan Year	Rate Mode	Per 24 Pay Period Cost
1x, 2x, 3x, 4x or 5x annual base salary (\$600,000 maximum)	<30	per \$1,000	\$0.0210
	30 - 34	per \$1,000	\$0.0290
	35 - 39	per \$1,000	\$0.0330
	40 - 44	per \$1,000	\$0.0450
	45 - 49	per \$1,000	\$0.0650
	50 - 54	per \$1,000	\$0.0970
	55 - 59	per \$1,000	\$0.1770
	60 - 64	per \$1,000	\$0.2250
	65 - 69	per \$1,000	\$0.4010
	70+	per \$1,000	\$0.5650

Formula to estimate your cost per pay period:

$$\text{Coverage Level (1x, 2x, 3x, 4x or 5x earnings)} \div \text{Rate Mode} \times \text{Rate} = \text{Your cost per pay period}$$

Example: A 35-year-old employee earns \$35,000 annually and chooses 2x the amount of salary for coverage (\$70,000). The employee would pay \$2.31 per pay period.

Spouse Life and AD&D Insurance

AD&D rate of \$0.010 per \$1,000 included in Spouse rates. The benefit is based on your benefit level and your salary, up to the maximum benefit - the lesser of Employee Life and AD&D coverage or \$100,000.

Benefit Level	Your Spouse's Age January 1 of Plan Year	Rate Mode	Per 24 Pay Period Cost
1x, 2x or 3x annual employee earnings (\$100,000 maximum)	<30	per \$1,000	\$0.0430
	30 - 34	per \$1,000	\$0.0525
	35 - 39	per \$1,000	\$0.0575
	40 - 44	per \$1,000	\$0.0955
	45 - 49	per \$1,000	\$0.1665
	50 - 54	per \$1,000	\$0.2475
	55 - 59	per \$1,000	\$0.4230
	60 - 64	per \$1,000	\$0.4990
	65 - 69	per \$1,000	\$0.8790
	70+	per \$1,000	\$1.3350

Formula to estimate your cost per pay period:

Coverage Level (1x, 2x or 3x earnings) ÷ **Rate Mode** × **Rate** = **Your cost per pay period**

Example: An employee earns \$35,000 annually and chooses 2x the amount of salary for coverage (\$70,000) for a 35-year-old spouse. The employee would pay \$4.03 per pay period.

Child Life and AD&D Insurance

If you purchase Life and AD&D coverage for yourself, you may also buy coverage for your children. A child may not be insured by more than one employee. The cost of coverage for your child(ren) under each option is the same, no matter how many children you have. AD&D rate of \$0.010 per \$1,000 included in Child rates.

Benefit Level	Rate Mode	Per 24 Pay Period Cost
Option A: \$5,000	Flat rate	\$0.40
Option B: \$10,000	Flat rate	\$0.80

Disability Plan

No evidence of insurability is required. A pre-existing condition exclusion applies to any condition that was treated or medically advised in the 3 months prior to the effective date of coverage and will not be covered for the first 12 months of coverage.

Wait Period	Option	Cost
14 day	40%	\$0.5510 x Annual Base Salary ÷ 1,200
14 day	50%	\$0.6965x Annual Base Salary ÷ 1,200
14 day	66.67%	\$1.3370 x Annual Base Salary ÷ 1,200
30 day	40%	\$0.3210 x Annual Base Salary ÷ 1,200
30 day	50%	\$0.4065 x Annual Base Salary ÷ 1,200
30 day	66.67%	\$1.0270 x Annual Base Salary ÷ 1,200
60 day	40%	\$0.2355 x Annual Base Salary ÷ 1,200
60 day	50%	\$0.3530 x Annual Base Salary ÷ 1,200
60 day	66.67%	\$0.6955 x Annual Base Salary ÷ 1,200
90 day	40%	\$0.2195 x Annual Base Salary ÷ 1,200
90 day	50%	\$0.2890 x Annual Base Salary ÷ 1,200
90 day	66.67%	\$0.5245 x Annual Base Salary ÷ 1,200
180 day	40%	\$0.1070 x Annual Base Salary ÷ 1,200
180 day	50%	\$0.1445 x Annual Base Salary ÷ 1,200
180 day	66.67%	\$0.3265 x Annual Base Salary ÷ 1,200

Personal Legal Plan

Option	Employee Only	Employee + Family
Personal Legal Plan	\$4.56	\$6.21

Cancer and Specified Diseases Plan

Evidence of insurability required.

Option	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Option and Specified Diseases	\$5.76	\$9.60	\$7.38	\$9.60
Low Option and Specified Diseases + ICU Rider	\$8.76	\$15.78	\$13.56	\$15.78
Medium Option and Specified Diseases	\$8.28	\$14.28	\$10.62	\$14.28
Medium Option and Specified Diseases + ICU Rider	\$11.28	\$20.46	\$16.80	\$20.46
High Option and Specified Diseases	\$9.42	\$17.10	\$12.48	\$17.10
High Option and Specified Diseases + ICU Rider	\$12.42	\$23.28	\$18.66	\$23.28

Hospital Indemnity Plan

Guaranteed issue, no evidence of insurability required.

Your Age January 1 of plan year	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Option				
Between 18-39	\$2.41	\$4.46	\$4.51	\$6.55
Between 40-49	\$3.02	\$5.74	\$5.10	\$7.83
Between 50-59	\$4.32	\$8.36	\$6.40	\$10.44
Between 60-69	\$6.74	\$13.06	\$8.84	\$15.15
High Option				
Between 18-39	\$4.46	\$8.20	\$8.25	\$11.99
Between 40-49	\$5.64	\$10.70	\$9.44	\$14.49
Between 50-59	\$8.13	\$15.70	\$11.92	\$19.49
Between 60-69	\$12.73	\$24.63	\$16.53	\$28.42

Accident Plan				
Option	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Option	\$3.86	\$5.73	\$7.47	\$9.34
High Option	\$6.65	\$9.77	\$12.61	\$15.73

Critical Illness Plan				
Evidence of insurability required for High option only. No evidence of insurability is required for Low option.				
Your Age January 1 of plan year	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Option				
Between 18-34	\$2.31	\$3.74	\$2.31	\$3.74
Between 35-39	\$3.92	\$6.17	\$3.92	\$6.17
Between 40-44	\$5.17	\$8.05	\$5.17	\$8.05
Between 45-49	\$7.92	\$12.16	\$7.92	\$12.16
Between 50-54	\$9.98	\$15.25	\$9.98	\$15.25
Between 55-59	\$11.55	\$17.61	\$11.55	\$17.61
Between 60-69	\$17.53	\$26.58	\$17.53	\$26.58
High Option				
Between 18-39	\$4.91	\$7.65	\$4.91	\$7.65
Between 35-39	\$8.94	\$13.70	\$8.94	\$13.70
Between 40-44	\$12.08	\$18.41	\$12.08	\$18.41
Between 45-49	\$18.94	\$28.70	\$18.94	\$28.70
Between 50-54	\$24.09	\$36.41	\$24.09	\$36.41
Between 55-59	\$28.03	\$42.33	\$28.03	\$42.33
Between 60-69	\$42.97	\$64.73	\$42.97	\$64.73

Fitness Program Health Club Membership		
Option	Employee Only	Employee + Spouse
Pure Fitness	\$10.00	N/A
Fitness Connection	\$7.50	\$12.50
Bally Total Fitness	\$10.00	\$15.00
24 Hour Fitness, Inc.	\$17.50	\$27.50

Fitness Program Health Club Membership (YMCA Only)		
Frozen Salary	Employee Only	Employee + Family
\$60,000 and up	\$27.50	\$38.50
\$50,000 - \$59,999	\$25.00	\$34.50
\$40,000 - \$49,999	\$22.00	\$31.00
\$30,000 - \$39,999	\$19.50	\$27.00
\$20,000 - \$29,999	\$16.50	\$23.00
\$0 - \$19,999	\$14.00	\$19.50