

# SCHOOL DISTRICT OF LEE COUNTY

## Insurance Premiums

(April 1<sup>st</sup>, 2018 – March 31<sup>st</sup>, 2019)

*\*Insurance Premiums listed below are per paycheck.*

### Medical Insurance (Aetna)

**You will receive \$291.70 in Flex Credits each pay period to apply toward the purchase of the following Medical.**

	<u>Plan 3769</u>	<u>Plan 5773</u>	<u>*HDHP w/ HSA</u>
Employee Only	\$310.40	\$291.70	\$209.00
Employee/Spouse	\$744.05	\$696.95	\$557.70
Employee/Child	\$463.65	\$434.90	\$332.20
Employee/Children	\$648.10	\$607.20	\$480.50
Employee/Family	\$936.60	\$876.80	\$712.50

\*The Board Flex Credit of \$291.70 per pay is divided between premium (\$209.00) and HSA contribution (\$82.70).

### Dental Insurance (MetLife)

	<u>High PPO</u>	<u>Mid PPO</u>	<u>Low PPO</u>
Employee Only	\$22.30	\$18.00	\$13.85
Employee/Spouse	\$45.55	\$36.85	\$28.30
Employee/Child(ren)	\$45.70	\$37.00	\$28.45
Employee/Family	\$72.25	\$58.80	\$45.25

### Vision Insurance (Avesis)

Employee Only	\$3.29
Employee/Spouse	\$6.53
Employee/Child(ren)	\$6.47
Employee/Family	\$12.38

### Accident Insurance (Allstate)

Employee Only	\$3.72
Employee/Spouse	\$6.43
Employee/Child(ren)	\$8.25
Employee/Family	\$10.30

### Legal Services (MetLife)\*

Employee	\$7.50
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*(one flat rate that includes eligible Dependents)*

\*You must be enrolled in this plan for (1) full year.

### Cancer Insurance (Allstate)

Employee Only	\$9.50
Employee/Family	\$16.05

### Disability Insurance (MetLife)

! Disability premiums are determined based on your age and salary. Premiums will be listed when you log on to PeopleSoft Self Service to enroll in your benefits.

### Life Insurance (Minnesota Life)

<u>Employee Life Insurance</u>		<u>Spouse Life Insurance</u>	
\$ 20,000 Basic Life	\$0.00	\$20,000 on spouse	\$2.82
\$ 40,000 (\$20,000 Basic/\$ 20,000 Supplemental)	\$2.86	*\$40,000 on spouse	\$5.64
\$ 60,000 (\$20,000 Basic/\$ 40,000 Supplemental)	\$5.72		
\$ 80,000 (\$20,000 Basic/\$ 60,000 Supplemental)	\$8.58		
\$100,000 (\$20,000 Basic/\$ 80,000 Supplemental)	\$11.44		
*\$150,000 (\$20,000 Basic/\$130,000 Supplemental)	\$18.59		
*\$200,000 (\$20,000 Basic/\$180,000 Supplemental)	\$25.74		

\*Enrollment in these amounts are subject to medical underwriting and additional paperwork is required to enroll

PLEASE NOTE: If your spouse works for the District and has life insurance as an employee, then you CANNOT enroll in the spouse life insurance.

PLEASE NOTE: If both parents work for the District, only one parent can carry the Child Life Insurance.

### \*\*\*Attention 20 Pay Employees\*\*\*

**Because you receive 20 pays rather than the standard 24 pays, the premium deductions on your paycheck include an extra 20% pre-pay which will be applied toward your summer coverage. The Flex Credit amount also includes an extra 20% summer contribution.**

## Critical Illness (Allstate)

### Plan 1 - \$10,000 Basic Benefit Amount

AGE	Non-Tobacco		Tobacco	
	EE&EE+CH	EE+SP&F	EE&EE+CH	EE+SP&F
18-24	\$1.18	\$2.02	\$1.61	\$2.68
25-29	\$1.51	\$2.53	\$2.17	\$3.51
30-34	\$1.99	\$3.24	\$2.93	\$4.66
35-39	\$2.47	\$3.97	\$3.70	\$5.81
40-44	\$3.38	\$5.33	\$5.28	\$8.18
45-49	\$4.62	\$7.20	\$7.41	\$11.37
50-54	\$6.06	\$9.35	\$9.78	\$14.93
55-59	\$8.41	\$12.88	\$13.70	\$20.82
60-64	\$12.97	\$19.73	\$21.50	\$32.52
65-69	\$19.42	\$29.39	\$32.58	\$49.13
70-74	\$23.19	\$35.06	\$39.12	\$58.94
75-79	\$27.23	\$41.11	\$46.10	\$69.41
80+	\$34.35	\$51.77	\$56.33	\$84.75

### Plan 2 - \$20,000 Basic Benefit Amount

AGE	Non-Tobacco		Tobacco	
	EE&EE+CH	EE+SP&F	EE&EE+CH	EE+SP&F
18-24	\$1.83	\$3.00	\$2.70	\$4.31
25-29	\$2.49	\$4.00	\$3.80	\$5.97
30-34	\$3.44	\$5.43	\$5.34	\$8.27
35-39	\$4.41	\$6.88	\$6.87	\$10.57
40-44	\$6.24	\$9.62	\$10.03	\$15.31
45-49	\$8.72	\$13.34	\$14.29	\$21.70
50-54	\$11.59	\$17.65	\$19.02	\$28.80
55-59	\$16.29	\$24.69	\$26.88	\$40.58
60-64	\$25.42	\$38.39	\$42.47	\$63.97
65-69	\$38.31	\$57.73	\$64.62	\$97.20
70-74	\$45.86	\$69.05	\$77.71	\$116.83
75-79	\$53.93	\$81.16	\$91.65	\$137.75
80+	\$68.16	\$102.50	\$112.12	\$168.45