

SCHOOL DISTRICT OF LEE COUNTY

Insurance Premiums

(April 1st, 2018 – March 31st, 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
<i>(one flat rate that includes eligible Dependents)</i>	

*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		
		<u>Child(ren) Life Insurance</u>	
		\$ 5,000 on each eligible child	\$0.73
		\$10,000 on each eligible child	\$1.46

*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