



2023 Rate Summary Semi-Monthly Payroll Deductions

Health Insurance

Florida Blue

15888

	Blue Options Plan # 03359	Blue Options HSA Compatible Plan # 05168/05169	Blue Options HSA Compatible Plan # 05172/05173
Employee Only	\$ 168.04	\$ 66.55	\$ 53.00
Employee + One	\$ 682.80	\$ 471.76	\$ 506.72
Family	\$ 726.65	\$ 515.44	\$ 525.39

***CCSB Contributes \$582.00 per month towards the cost of health insurance.**

Husband & Wife Both Employed through CCSB

Employee + One	\$ 391.08	\$ 180.76	\$ 215.72
Family	\$ 435.65	\$ 224.44	\$ 234.39

***CCSB Contributes \$1,164.00 per month towards the cost of health insurance.**

**** Plan 5172/5173 will not have the benefits of the Wellness Center ****

2023 Biometric Screening

Life Scan Wellness Centers

	Comprehensive Biometric Screening
Per Person	\$ 17.71

Emergency Medical Transportation

MASA

	Emergent Ground	Emergent Plus	Platinum
Employee Only	\$ 4.50	\$ 7.00	\$ 12.09
Employee & Family	Included	Included	\$ 16.30

Flexible Spending Accounts

Total Administrative Services Corporation (National Benefit Services)

#

	Medical Reimbursement Account	Dependent Care Reimbursement Account
Annual Contribution Limits	\$ 3,050	\$ 5,000

Telehealth & Health Advocacy

Access Medical

AM100Q

	Access Medical
Employee & Family	\$ 5.00

Hospital Indemnity Insurance

American Public Life

13321

	\$1,500 HIP (05168)	\$2,500 HIP (03359)	\$3,000 HIP (05169; 5172/3)
Employee Only	\$ 11.67	\$ 18.33	\$ 23.46
Family	\$ 23.04	\$ 36.42	\$ 46.71

Dental

Ameritas

010-32352

	Basic Plan	Select Plan
Employee Only	\$ 10.72	\$ 18.84
Employee + One	\$ 20.44	\$ 35.62
Family	\$ 36.46	\$ 61.88

Vision

Ameritas (VSP Network)

010-32352

Employee Only	\$ 4.80
Family	\$ 13.53

Long-Term Disability

One America

616448

Percentage (%) of Salary Educator Disability Plan	45% of Salary Cost Per \$100 Mo. Benefit	55% of Salary Cost Per \$100 Mo. Benefit	65% of Salary Cost Per \$100 Mo. Benefit
0 / 7 Day Elimination Period*	\$ 1.61	\$ 1.78	\$ 2.06
14 Day Elimination Period*	\$ 1.37	\$ 1.53	\$ 1.76
30 Day Elimination Period*	\$ 1.21	\$ 1.34	\$ 1.55
60 Day Elimination Period	\$ 1.00	\$ 1.11	\$ 1.28
90 Day Elimination Period	\$ 0.58	\$ 0.65	\$ 0.75
180 Day Elimination Period	\$ 0.43	\$ 0.48	\$ 0.55

Includes 1st Day Hospital Benefit***Limited Pre-Existing Condition Benefit only applies if you enroll during your new employee eligibility period.**

Lump Sum Disability Rider	\$10,000	\$20,000	\$30,000
18 - 24	\$ 0.30	\$ 0.60	\$ 0.90
25 - 29	\$ 0.40	\$ 0.80	\$ 1.20
30 - 34	\$ 0.60	\$ 1.20	\$ 1.80
35 - 39	\$ 0.80	\$ 1.60	\$ 2.40
40 - 44	\$ 1.50	\$ 3.00	\$ 4.50
45 - 49	\$ 2.40	\$ 4.80	\$ 7.20
50 - 54	\$ 3.80	\$ 7.60	\$ 11.40
55 - 59	\$ 5.70	\$ 11.40	\$ 17.10
60 +	\$ 10.40	\$ 20.80	\$ 31.20

***Must be enrolled in the Long-Term Disability Plan to Elect this Coverage**

Accident Plan**American Public Life**

13321

Employee Only	\$ 4.13
Employee & Spouse	\$ 7.06
Employee & Child(ren)	\$ 8.30
Family	\$ 11.23

Optional Life Insurance**Florida Combined Life**

Benefit Amount (Life / AD&D)	
\$15,000 / 10,000 AD&D thru age 64	\$ 5.90
\$ 9,750 / 6,500 AD&D thru ages 65 - 69	\$ 3.84
\$ 7,500 / 5,000 AD&D thru ages 70 – 74	\$ 2.95
\$ 3,750 / 2,500 AD&D thru ages 75 +	\$ 1.48

Voluntary Term Life Insurance (AD&D Included)**OneAmerica**

616448

Age Bracket	\$20,000	\$200,000
18 – 29	\$ 0.46	\$ 4.60
30 – 34	\$ 0.73	\$ 7.30
35 – 39	\$ 1.15	\$ 11.50
40 – 44	\$ 1.67	\$ 16.70
45 – 49	\$ 2.62	\$ 26.20
50 – 54	\$ 4.10	\$ 41.00
55 – 59	\$ 6.27	\$ 62.70
60 – 64	\$ 9.42	\$ 94.20
65 – 69	\$ 15.95	\$ 159.50
70 +	\$ 28.42	\$ 284.20

*Spouse may enroll in 50% employee coverage and premiums based on employee's age.

Child(ren) Life & AD&D	\$5,000	\$10,000
to age 19, or 25 if full time student	\$ 0.84	\$ 1.68

Accidental Death & Dismemberment Insurance**CIGNA**

815443

Benefit Amount	Employee Only	Spouse (100% Employee)	Spouse (50% Employee)	Children (10% Employee)
\$ 250,000	\$ 4.50	\$ 4.50	\$ 2.25	\$ 0.90
\$ 200,000	\$ 3.60	\$ 3.60	\$ 1.80	\$ 0.72
\$ 150,000	\$ 2.70	\$ 2.70	\$ 1.35	\$ 0.54
\$ 100,000	\$ 1.80	\$ 1.80	\$ 0.90	\$ 0.36
\$ 25,000	\$ 0.90	\$ 0.90	\$ 0.45	\$ 0.09

Permanent Life Insurance

Texas Life

SM8440

Issue Age	\$25,000	\$50,000	\$100,000
11 - 20	\$ 4.00	n/a	n/a
25	\$ 4.25	\$ 7.75	\$ 14.75
30	\$ 4.75	\$ 8.75	\$ 16.75
35	\$ 5.88	\$ 11.00	\$ 21.25
45	\$ 12.00	\$ 23.75	\$ 45.75
55	\$ 26.75	\$ 52.75	n/a
60	\$ 33.00	\$ 69.25	n/a

*Sample – Non Tobacco Rates – Cost locked at age of election

Cancer Plan

American Public Life

13321

	Low Option Base Plan	High Option Base Plan
Employee Only	\$ 11.90	\$ 17.10
Employee & Spouse	\$ 21.15	\$ 30.20
Employee & Child(ren)	\$ 16.60	\$ 23.70
Family	\$ 21.15	\$ 30.20

	Low Option Base Plan With \$600 Daily ICU Benefit	High Option Base Plan With \$600 Daily ICU Benefit
Employee Only	\$ 13.55	\$ 18.75
Employee & Spouse	\$ 24.60	\$ 33.65
Employee & Child(ren)	\$ 18.85	\$ 25.95
Family	\$ 24.60	\$ 33.65

Critical Illness Insurance

Sun Life Financial

919914

Issue Age	\$5,000	\$10,000	\$25,000
Thru Age 29	\$ 1.20	\$ 2.40	\$ 6.00
30 – 39	\$ 1.83	\$ 3.65	\$ 9.13
40 – 49	\$ 2.73	\$ 5.45	\$ 13.63
50 – 59	\$ 4.90	\$ 9.80	\$ 24.50
60 – 64	\$ 7.05	\$ 14.10	\$ 35.25
65 +	\$ 8.53	\$ 17.05	\$ 42.63

*Non Tobacco Rates. Spouse eligible for 50% of Employee Amount

Identity Theft Protection

LifeLock

E0006306

	Benefit Essential	Benefit Premier
Employee Only	\$ 4.25	\$ 7.50
Employee & Family	\$ 8.49	\$ 14.99