



## 2021 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	\$ 170.02	\$ 70.52	\$ 50.00
Employee + One	\$ 674.66	\$ 467.77	\$ 503.74
Family	\$ 717.76	\$ 510.59	\$ 527.22

**\*CCSB Contributes \$560.00 per month towards the cost of health insurance.**

Husband & Wife Both Employed through CCSB

Employee + One	\$ 394.66	\$ 187.77	\$ 228.74
Family	\$ 437.76	\$ 230.59	\$ 247.22

**\*CCSB Contributes \$1,120.00 per month towards the cost of health insurance.**

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

### 2020 Biometric Screening

Life Scan Wellness Centers

	Comprehensive Biometric Screening
Per Person	\$ 17.09

### 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 (TASC)

# 4814-7874-6991

	Medical Reimbursement Account	Dependent Care Reimbursement Account
Annual Contribution Limits	\$ 2,750	\$ 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 1<sup>st</sup> 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

<b>Employee Only</b>	<b>\$ 4.13</b>
<b>Employee &amp; Spouse</b>	<b>\$ 7.06</b>
<b>Employee &amp; Child(ren)</b>	<b>\$ 8.30</b>
<b>Family</b>	<b>\$ 11.23</b>

**Optional Life Insurance****Florida Combined Life**

<b>Benefit Amount (Life / AD&amp;D)</b>	
<b>\$15,000 / 10,000 AD&amp;D thru age 64</b>	<b>\$ 4.25</b>
<b>\$ 9,750 / 6,500 AD&amp;D thru ages 65 - 69</b>	<b>\$ 2.77</b>
<b>\$ 7,500 / 5,000 AD&amp;D thru ages 70 – 74</b>	<b>\$ 2.13</b>
<b>\$ 3,750 / 2,500 AD&amp;D thru ages 75 +</b>	<b>\$ 1.07</b>

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

# 616448

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

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

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

**Accidental Death & Dismemberment Insurance****CIGNA**

# 815443

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

**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

# 5466316

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