



2022 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 | \$ 177.90 | \$ 76.66 | \$ 51.00 |
| Employee + One | \$ 691.37 | \$ 480.86 | \$ 504.74 |
| Family | \$ 735.22 | \$ 524.43 | \$ 523.37 |

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

Husband & Wife Both Employed through CCSB

| | | | |
|----------------|-----------|-----------|-----------|
| Employee + One | \$ 411.37 | \$ 200.86 | \$ 224.74 |
| Family | \$ 455.22 | \$ 244.43 | \$ 243.37 |

***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 ****

2022 Biometric Screening

Life Scan Wellness Centers

| | Comprehensive Biometric Screening |
|------------|-----------------------------------|
| Per Person | \$ 16.46 |

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 1st Day Hospital Benefit

| 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 |