

# BENEFIT COST PER PAY - 2024

## MEDICAL - Silver Plan

Pre-tax

COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	822.28	711.75	110.53	66.32	63.16	60.29	57.67	55.27
EMPLOYEE + SPOUSE	1813.65	1289.88	523.77	314.26	299.30	285.69	273.27	261.89
EMPLOYEE + CHILDREN	1482.01	1174.73	307.28	184.37	175.59	167.61	160.32	153.64
EMPLOYEE + FAMILY	2472.06	1830.73	641.33	384.80	366.47	349.82	334.61	320.67
<i>Dependent Age (26-30) Premium: \$358.88 monthly post-tax deduction, in addition</i>			<b>\$358.88</b>	215.33	205.07	195.75	187.24	179.44
<i>Spouse Surcharge: \$250.00 monthly post-tax deduction, in addition to tier selected.</i>			<b>\$250.00</b>	150.00	142.86	136.36	130.43	125.00
<i>Tobacco Surcharge: \$50.00 monthly post-tax deduction, in addition to tier</i>			<b>\$50.00</b>	30.00	28.57	27.27	26.09	25.00

## MEDICAL - Gold Plan

Pre-tax

COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	857.19	707.93	149.26	89.56	85.29	81.41	77.87	74.63
EMPLOYEE + SPOUSE	1921.07	1314.64	606.43	363.86	346.53	330.78	316.40	303.22
EMPLOYEE + CHILDREN	1549.14	1190.83	358.31	214.99	204.75	195.44	186.94	179.16
EMPLOYEE + FAMILY	2592.91	1850.72	742.19	445.31	424.11	404.83	387.23	371.10
<i>Dependent Age (26-30) Premium: \$358.88 monthly post-tax deduction, in addition</i>			<b>\$358.88</b>	215.33	205.07	195.75	187.24	179.44
<i>Spouse Surcharge: \$250.00 monthly post-tax deduction, in addition to tier selected.</i>			<b>\$250.00</b>	150.00	142.86	136.36	130.43	125.00
<i>Tobacco Surcharge: \$50.00 monthly post-tax deduction, in addition to tier</i>			<b>\$50.00</b>	30.00	28.57	27.27	26.09	25.00

## Humana DENTAL - LOW DHMO HD215

Pre-tax

COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	6.39	0.00	6.39	3.83	3.65	3.49	3.33	3.20
EMPLOYEE + 1	12.65	0.00	12.65	7.59	7.23	6.90	6.60	6.33
EMPLOYEE + 2 OR MORE	22.48	0.00	22.48	13.49	12.85	12.26	11.73	11.24

## Humana DENTAL - High DHMO HS215

Pre-tax

COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	10.48	0.00	10.48	6.29	5.99	5.72	5.47	5.24
EMPLOYEE + 1	20.74	0.00	20.74	12.44	11.85	11.31	10.82	10.37
EMPLOYEE + 2 OR MORE	36.88	0.00	36.88	22.13	21.07	20.12	19.24	18.44

<b>Humana DENTAL - Low PPO *</b>				Pre-tax				
COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	23.82	0.00	23.82	14.29	13.61	12.99	12.43	11.91
EMPLOYEE + 1	48.17	0.00	48.17	28.90	27.53	26.27	25.13	24.09
EMPLOYEE + 2 OR MORE	71.25	0.00	71.25	42.75	40.71	38.86	37.17	35.63

<b>Humana DENTAL - High PPO *</b>				Pre-tax				
COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	30.34	0.00	30.34	18.20	17.34	16.55	15.83	15.17
EMPLOYEE + 1	61.24	0.00	61.24	36.74	34.99	33.40	31.95	30.62
EMPLOYEE + 2 OR MORE	90.44	0.00	90.44	54.26	51.68	49.33	47.19	45.22

<b>Humana VISION - Basic *</b>				Pre-tax				
COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	3.92	0.00	3.92	2.35	2.24	2.14	2.05	1.96
EMPLOYEE + 1	9.75	0.00	9.75	5.85	5.57	5.32	5.09	4.88
EMPLOYEE + 2 OR MORE	16.72	0.00	16.72	10.03	9.55	9.12	8.72	8.36

<b>Humana VISION - Enhanced *</b>				Pre-tax				
COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	5.91	0.00	5.91	3.55	3.38	3.22	3.08	2.96
EMPLOYEE + 1	14.69	0.00	14.69	8.81	8.39	8.01	7.66	7.35
EMPLOYEE + 2 OR MORE	25.19	0.00	25.19	15.11	14.39	13.74	13.14	12.60

<b>Standard DEPENDENT LIFE INSURANCE</b>				Post-tax				
<i>*If you are <b>only</b> linking a child or children to dependent life, select the first option for each tier.</i>								
COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
<b>*Spouse \$5,000; and/or Each Eligible Child \$2,500</b>	4.12	0.00	4.12	2.47	2.35	2.25	2.15	2.06
Spouse \$10,000; Each Eligible Child \$2,500	7.99	0.00	7.99	4.79	4.57	4.36	4.17	4.00
Spouse \$25,000; Each Eligible Child \$2,500	17.48	0.00	17.48	10.49	9.99	9.53	9.12	8.74
<b>*Spouse \$5,000; and/or Each Eligible Child \$5,000</b>	4.47	0.00	4.47	2.68	2.55	2.44	2.33	2.24
Spouse \$10,000; Each Eligible Child \$5,000	8.33	0.00	8.33	5.00	4.76	4.54	4.35	4.17
Spouse \$25,000; Each Eligible Child \$5,000	17.82	0.00	17.82	10.69	10.18	9.72	9.30	8.91

**Standard BASIC EMPLOYEE LIFE INSURANCE**

(Salary Sensitive)

Post-tax

*The monthly premium for Basic Employee Life (1 times) is \$0.075 per \$1,000 of annual salary. Paid for by the School Board of Brevard County***Standard ADDITIONAL EMPLOYEE LIFE INSURANCE**

Post-tax

**NEW EMPLOYEES:** May choose coverage from 1 times pay to 4 times pay for additional life insurance.**CURRENT EMPLOYEES:** Can increase by one times pay at each open enrollment.If you wish to purchase additional life insurance, the rate is **\$0.22 per \$1,000**.**EXAMPLE:** Employee earning \$35,000 annual salary on 24 pay frequency would pay \$3.85.**1 x Annual Salary=3.85 2 x Annual Salary=7.70 3 x Annual Salary=11.55 4 x Annual Salary=15.40****CALCULATION:** \$35,000 annual ÷ 1,000 x \$0.22 x 12 months ÷ 24 (pay frequency) = \$3.85 per pay.**Standard ACCIDENTAL DEATH and DISMEMBERMENT - [AD&D]**

(Salary Sensitive)

Post-tax

Employees may choose **employee only** coverage from 1 times pay to 4 times pay at a rate of **\$0.023 per 1,000** of annual salaryEmployees may choose **employee + family** coverage from 1 times pay to 4 times pay at a rate of **\$0.032 per 1,000** of annual salary.**EXAMPLE:** Employee earning \$35,000 annual salary on 24 pay frequency electing 1x's pay**CALCULATION:** **Employee only** = \$35,000 ÷ 1,000 x .023 x 12 ÷ 24 pay frequency = \$0.40 per pay**CALCULATION:** **Employee and family** = \$35,000 ÷ 1,000 x .032 x 12 ÷ 24 (pay frequency) = \$0.56 per pay**Standard SHORT-TERM DISABILITY - [STD]**

(Salary Sensitive)

Post-tax

**NEW EMPLOYEES:** May elect STD coverage without filling out a medical questionnaire.**CURRENT EMPLOYEES:** Electing for the first time will subject you to pre-existing conditions & will require a medical questionnaire to be completed.Employee **cost is \$0.523 per \$100** of annual salary**EXAMPLE:** Employee earning \$35,000 per year with a pay frequency of 24 pays per year.**CALCULATION:** \$35,000 ÷ 100 x .523 ÷ 24 (pay frequency) = \$7.63 (per pay cost)**Standard LONG-TERM DISABILITY - [LTD]**

(Salary &amp; Age Sensitive)

Post-tax

**NEW EMPLOYEES:** May elect LTD coverage without filling out a medical questionnaire.**CURRENT EMPLOYEES:** Electing for the first time will subject you to pre-existing conditions & will require a medical questionnaire to be completed.**EXAMPLE:** Employee age 37 earning \$35,000 per year with a pay frequency of 24 pays per year.**CALCULATION:** \$35,000 ÷ 100 x .124 (from chart below) ÷ 24 (pay frequency) = \$1.81 (per pay for **LTD only**)**CALCULATION:** \$35,000 ÷ 100 x .117 (from chart below) ÷ 24 (pay frequency) = \$1.71 (per pay **if STD is also elected**)**Long-Term Disability Rate Chart (per \$100 of annual salary)**

		LTD Premium If		LTD Premium If	
AGE	LTD ONLY	Taken With STD	AGE	LTD ONLY	Taken With STD
<25	0.069	0.062	45-49	0.248	0.242
25-29	0.083	0.069	50-54	0.386	0.359
30-34	0.097	0.097	55-59	0.442	0.414
35-39	0.124	0.117	60-64	0.545	0.511
40-44	0.166	0.152	65+ =	0.552	0.511

Important Note: Because of rounding formulas used in this system, there may be some variation in final amounts.

\* If covering a dependent age 26-30 (non-disabled), your entire premium deduction becomes post-tax

**Standard ACCIDENT PLAN**

Post-tax

COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	12.14	0.00	12.14	7.28	6.94	6.62	6.33	6.07
EMPLOYEE + SPOUSE	19.13	0.00	19.13	11.48	10.93	10.43	9.98	9.57
EMPLOYEE + CHILDREN	22.76	0.00	22.76	13.66	13.01	12.41	11.87	11.38
EMPLOYEE + FAMILY	35.72	0.00	35.72	21.43	20.41	19.48	18.64	17.86

**Standard HOSPITAL INDEMNITY PLAN**

Post-tax

COVERAGE ELECTION	TOTAL MONTHLY PREMIUM	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD DEDUCTION, BY PAY FREQUENCY				
				20	21	22	23	24
EMPLOYEE ONLY	23.55	0.00	23.55	14.13	13.46	12.85	12.29	11.78
EMPLOYEE + SPOUSE	49.12	0.00	49.12	29.47	28.07	26.79	25.63	24.56
EMPLOYEE + CHILDREN	46.37	0.00	46.37	27.82	26.50	25.29	24.19	23.19
EMPLOYEE + FAMILY	77.10	0.00	77.10	46.26	44.06	42.05	40.23	38.55