

BENEFIT COST PER PAY - 2023

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	747.53	637.00	110.53	66.32	63.16	60.29	57.67	55.27
EMPLOYEE + SPOUSE	1648.77	1125.00	523.77	314.26	299.30	285.69	273.27	261.89
EMPLOYEE + CHILDREN	1347.28	1040.00	307.28	184.37	175.59	167.61	160.32	153.64
EMPLOYEE + FAMILY	2247.33	1606.00	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>			\$358.88	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>			\$250.00	150.00	142.86	136.36	130.43	125.00
<i>Tobacco Surcharge: \$50.00 monthly post-tax deduction, in addition to tier selected.</i>			\$50.00	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	779.26	630.00	149.26	89.56	85.29	81.41	77.87	74.63
EMPLOYEE + SPOUSE	1746.43	1140.00	606.43	363.86	346.53	330.78	316.40	303.22
EMPLOYEE + CHILDREN	1408.31	1050.00	358.31	214.99	204.75	195.44	186.94	179.16
EMPLOYEE + FAMILY	2357.19	1615.00	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>			\$358.88	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>			\$250.00	150.00	142.86	136.36	130.43	125.00
<i>Tobacco Surcharge: \$50.00 monthly post-tax deduction, in addition to tier selected.</i>			\$50.00	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

Humana DENTAL - Low PPO *

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

Humana DENTAL - High PPO *

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

Humana VISION - Basic *

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

Humana VISION - Enhanced *

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

Standard DEPENDENT LIFE INSURANCE

Post-tax

If you are **only linking a child or children to dependent life, select the first option for each tier.*

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
*Spouse \$5,000; and/or Each Eligible Child \$2,500	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
*Spouse \$5,000; and/or Each Eligible Child \$5,000	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.
 $1 \times \text{Annual Salary} = 3.85$ $2 \times \text{Annual Salary} = 7.70$ $3 \times \text{Annual Salary} = 11.55$ $4 \times \text{Annual Salary} = 15.40$
CALCULATION: $\$35,000 \text{ annual} \div 1,000 \times \$0.22 \times 12 \text{ months} \div 24 \text{ (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 salary

Employees 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 \div 1,000 \times .023 \times 12 \div 24 \text{ pay frequency} = \0.40 per pay
CALCULATION: **Employee and family** = $\$35,000 \div 1,000 \times .032 \times 12 \div 24 \text{ (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: $\$35,000 \div 100 \times .523 \div 24 \text{ (pay frequency)} = \$7.63 \text{ (per pay cost)}$

Standard LONG-TERM DISABILITY - [LTD]

(Salary & 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: $\$35,000 \div 100 \times .124 \text{ (from chart below)} \div 24 \text{ (pay frequency)} = \$1.81 \text{ (per pay for LTD only)}$
CALCULATION: $\$35,000 \div 100 \times .117 \text{ (from chart below)} \div 24 \text{ (pay frequency)} = \$1.71 \text{ (per pay if STD is also elected)}$

Long-Term Disability Rate Chart (per \$100 of annual salary)

AGE	LTD ONLY	LTD Premium If		AGE	LTD ONLY	LTD Premium If	
		Taken With STD				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

2023 Standard Critical Illness MONTHLY Age Banded Rates

Employee Non-Tobacco Monthly Rates						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	1.25	2.50	3.75	5.00	6.25	7.50
26-30	1.55	3.10	4.65	6.20	7.75	9.30
31-35	1.85	3.70	5.55	7.40	9.25	11.10
36-40	2.45	4.90	7.35	9.80	12.25	14.70
41-45	3.45	6.90	10.35	13.80	17.25	20.70
46-50	4.95	9.90	14.85	19.80	24.75	29.70
51-55	7.10	14.20	21.30	28.40	35.50	42.60
56-60	9.70	19.40	29.10	38.80	48.50	58.20
61-65	13.60	27.20	40.80	54.40	68.00	81.60
66-70	18.70	37.40	56.10	74.80	93.50	112.20
71+	26.00	52.00	78.00	104.00	130.00	156.00
Employee Tobacco Monthly Rates						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	1.35	2.70	4.05	5.40	6.75	8.10
26-30	1.65	3.30	4.95	6.60	8.25	9.90
31-35	2.15	4.30	6.45	8.60	10.75	12.90
36-40	3.05	6.10	9.15	12.20	15.25	18.30
41-45	4.90	9.80	14.70	19.60	24.50	29.40
46-50	7.80	15.60	23.40	31.20	39.00	46.80
51-55	12.45	24.90	37.35	49.80	62.25	74.70
56-60	18.55	37.10	55.65	74.20	92.75	111.30
61-65	28.20	56.40	84.60	112.80	141.00	169.20
66-70	41.10	82.20	123.30	164.40	205.50	246.60
71+	55.20	110.40	165.60	220.80	276.00	331.20
Spouse Non-Tobacco Monthly Rates						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	1.25	2.50	3.75	5.00	6.25	7.50
26-30	1.55	3.10	4.65	6.20	7.75	9.30
31-35	1.85	3.70	5.55	7.40	9.25	11.10
36-40	2.45	4.90	7.35	9.80	12.25	14.70
41-45	3.45	6.90	10.35	13.80	17.25	20.70
46-50	4.95	9.90	14.85	19.80	24.75	29.70
51-55	7.10	14.20	21.30	28.40	35.50	42.60
56-60	9.70	19.40	29.10	38.80	48.50	58.20
61-65	13.60	27.20	40.80	54.40	68.00	81.60
66-70	18.70	37.40	56.10	74.80	93.50	112.20
71+	26.00	52.00	78.00	104.00	130.00	156.00
Spouse Tobacco Monthly Rates						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	1.35	2.70	4.05	5.40	6.75	8.10
26-30	1.65	3.30	4.95	6.60	8.25	9.90
31-35	2.15	4.30	6.45	8.60	10.75	12.90
36-40	3.05	6.10	9.15	12.20	15.25	18.30
41-45	4.90	9.80	14.70	19.60	24.50	29.40
46-50	7.80	15.60	23.40	31.20	39.00	46.80
51-55	12.45	24.90	37.35	49.80	62.25	74.70
56-60	18.55	37.10	55.65	74.20	92.75	111.30
61-65	28.20	56.40	84.60	112.80	141.00	169.20
66-70	41.10	82.20	123.30	164.40	205.50	246.60
71+	55.20	110.40	165.60	220.80	276.00	331.20