

2017 rates per paycheck for all plans

Based on 24 pay periods



Aetna medical plans

	Consumer Basic Choice (Tier I & II)	Consumer Plus Limited	Consumer Plus Choice (Tier I & II)	Select Low (In-network only)
Employee only	\$72.06	\$75.48	\$114.57	\$40.65
Employee + spouse	\$371.34	\$389.03	\$484.49	\$232.79
Employee + child	\$262.65	\$275.16	\$346.01	\$156.42
Employee + child(ren)	\$345.48	\$361.93	\$448.62	\$213.39
Employee + family	\$665.09	\$696.76	\$853.74	\$393.20



Cigna and QCD dental plans

	HMO Basic	HMO Plus	PPO	Discount Dental
Employee only	\$2.83	\$4.58	\$16.37	\$0
Employee + spouse	\$5.30	\$8.56	\$30.98	\$4
Employee + child(ren)	\$4.81	\$7.77	\$32.36	\$4
Employee + family	\$6.91	\$11.17	\$50.61	\$6



EyeMed vision plans

	Basic	Plus
Employee only	\$1.88	\$2.80
Employee + spouse	\$3.55	\$5.55
Employee + child(ren)	\$3.70	\$5.83
Employee + family	\$6.92	\$8.93



Aflac critical illness

Critical illness: low

Rates are per \$1,000

Your age (January 1 of plan year)	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
18 – 24	\$1.21	\$2.10	\$1.21	\$2.10
25 – 29	\$1.57	\$2.64	\$1.57	\$2.64
30 – 34	\$1.73	\$2.88	\$1.73	\$2.88
35 – 39	\$2.53	\$4.08	\$2.53	\$4.08
40 – 44	\$3.41	\$5.40	\$3.41	\$5.40
45 – 49	\$4.93	\$7.68	\$4.93	\$7.68
50 – 54	\$5.41	\$8.40	\$5.41	\$8.40
55 – 59	\$10.21	\$15.60	\$10.21	\$15.60
60+	\$20.01	\$30.30	\$20.01	\$30.30

Critical illness: high

Rates are per \$1,000

Your age (January 1 of plan year)	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
18 – 24	\$2.17	\$3.54	\$2.17	\$3.54
25 – 29	\$3.07	\$4.89	\$3.07	\$4.89
30 – 34	\$3.47	\$5.49	\$3.47	\$5.49
35 – 39	\$5.47	\$8.49	\$5.47	\$8.49
40 – 44	\$7.67	\$11.79	\$7.67	\$11.79
45 – 49	\$11.47	\$17.49	\$11.47	\$17.49
50 – 54	\$12.67	\$19.29	\$12.67	\$19.29
55 – 59	\$24.67	\$37.29	\$24.67	\$37.29
60+	\$49.17	\$74.04	\$49.17	\$74.04



Health clubs

	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
Pure Fitness	\$10	N/A	N/A	N/A
Fitness Connection	\$7.50	\$12.50	N/A	N/A
24 Hour Fitness, Inc.	\$17.50	\$27.50	N/A	N/A
YMCA				
\$60,000+	\$25.50	\$35	\$32	\$40.50
\$50,000 – \$59,999	\$23	\$31.50	\$29	\$36.50
\$40,000 – \$49,999	\$20.50	\$28	\$25.50	\$32.50
\$0 – \$39,999	\$18	\$24.50	\$22.50	\$28.50



Minnesota Life life and accidental death and dismemberment (AD&D)

Supplemental Life and AD&D

Rates are per \$1,000

Your age (January 1 of plan year)	Rate
< 30	\$0.0230
30 – 34	\$0.0320
35 – 39	\$0.0365
40 – 44	\$0.0500
45 – 49	\$0.0730
50 – 54	\$0.1090
55 – 59	\$0.1995
60 – 64	\$0.2535
65 – 69	\$0.4525
70+	\$0.6380

Spouse Life and AD&D

Rates are per \$1,000

Your age (January 1 of plan year)	Rate
< 30	\$0.0430
30 – 34	\$0.0525
35 – 39	\$0.0575
40 – 44	\$0.0955
45 – 49	\$0.1665
50 – 54	\$0.2475
55 – 59	\$0.4230
60 – 64	\$0.4990
65 – 69	\$0.8790
70+	\$1.3350

AD&D rate of \$0.0095 per \$1,000 included in employee rates. If your spouse also works for the district, you may each have employee supplemental life and AD&D and the other have spouse life and AD&D, but not both.

AD&D rate of \$0.0095 per \$1,000 included in spouse rates. The benefit is based on your benefit level and salary, up to the maximum benefit—the lesser of employee supplemental life and AD&D coverage or \$250,000.

Dependent Life and AD&D

Benefit level	\$5,000	\$10,000	\$15,000	\$20,000
Rate	\$0.4125	\$0.8250	\$1.2375	\$1.6500



The Standard disability

Elimination period	Option	Cost
30 days	40%	\$0.4585 x annual salary ÷ 1200
	50%	\$0.3925 x annual salary ÷ 1200
	60%	\$1.1950 x annual salary ÷ 1200
60 days	40%	\$0.2275 x annual salary ÷ 1200
	50%	\$0.3405 x annual salary ÷ 1200
	60%	\$0.5750 x annual salary ÷ 1200
90 days	40%	\$0.2120 x annual salary ÷ 1200
	50%	\$0.2790 x annual salary ÷ 1200
	60%	\$0.2450 x annual salary ÷ 1200
180 days	40%	\$0.1035 x annual salary ÷ 1200
	50%	\$0.1395 x annual salary ÷ 1200
	60%	\$0.1950 x annual salary ÷ 1200



Aflac cancer and specified diseases

	Low	Low + ICU	High	High + ICU
Employee only	\$5.18	\$8.18	\$9.42	\$12.42
Employee + spouse	\$8.64	\$14.81	\$17.10	\$23.28
Employee + child(ren)	\$6.63	\$12.82	\$12.48	\$18.66
Employee + family	\$8.64	\$14.81	\$17.10	\$23.28



Aflac hospital indemnity

	Low	High
Employee only	\$2.36	\$4.48
Employee + spouse	\$4.42	\$8.40
Employee + child(ren)	\$4.17	\$7.79
Employee + family	\$6.23	\$11.71



Aflac accident plan

	Low	High
Employee only	\$3.08	\$5.33
Employee + spouse	\$4.95	\$8.45
Employee + child(ren)	\$5.99	\$10.10
Employee + family	\$7.86	\$13.22



Hyatt personal legal plan

	Rate
Employee only	\$4.77
Employee + family	\$6.72