# 2019 - 2020 INSURANCE BENEFITS RATE SHEET Monthly/Biweekly Payroll Deductions

Deductions are taken Biweekly over 10 months (September-June) each plan year for 12 months of coverage.

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	A. Cigna Local Plus OAP In-Network		B. Cigna Health Reimbursement Account		C. Cigna OAP In- Network (formerly Network PREMIUM)	
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
Employee Only	OCPS-	Paid	\$37.28	\$18.64	\$37.28	\$18.64
Employee + Children	\$50.00	\$25.00	\$603.54	\$301.77	\$370.30	\$185.15
Employee + Spouse/Same-sex Domestic Partner (DP)	\$250.00	\$125.00	\$840.12	\$420.06	\$586.40	\$293.20
Employee + Children + Spouse/DP	\$300.00	\$150.00	\$1,060.86	\$530.43	\$788.00	\$394.00
Half-Family (Spouse or same-sex domestic partners are OCPS employees covering their dependents and paying this deduction.)	OCPS-Paid		\$108.22	\$54.11	\$37.28	\$18.64
Part-Time Employee Only*	\$422.20 \$211.10		\$459.48	\$229.74	\$459.48	\$229.74

## MEDICAL INSURANCE

\*Part-time employees, add \$211.10 to the biweekly dependent rate listed above to obtain your biweekly payroll deduction.

The Orange County School Board pays \$928.86 per month for each full-time benefited employee. For the 2019-20 plan year, that equates to \$9,288.60.

#### D. ALTERNATIVE TO MEDICAL Insurance Option

Disability/Vision Plan - OCPS Paid

#### TERM LIFE INSURANCE A. OCPS-Paid Life Insurance - NO MONTHLY PREMIUM B. Dependent Life Insurance - IF YOUR BASE SALARY IS:

Class	Monthly	Biweekly	Salary
Class I	\$3.38	\$1.69	\$20,000 or more
Class II	\$2.52	\$1.26	less than \$20,000
Class III	\$1.70	\$0.85	less than \$15,000
Class IV	\$1.26	\$0.63	less than \$10,000

C. Group Universal Life Insurance - Employee or Spouse/Domestic Partner

Age	Monthly Payroll Deduction for Each \$10,000	Biweekly Payroll Deduction for Each \$10,000		
Under 25	\$0.44	\$0.22		
25-29	\$0.54	\$0.27		
30-34	\$0.70	\$0.35		
35-39	\$0.78	\$0.39		
40-44	\$0.88	\$0.44		
45-49	\$1.34	\$0.67		
50-54	\$1.98	\$0.99		
55-59	\$3.70	\$1.85		
60-64	\$5.68	\$2.84		
65-69	\$10.92	\$5.46		
70-74	\$17.70	\$8.85		

Child Term Insurance Rider Available: Monthly rate for \$5,000 = \$.92 for all eligible dependent children; Monthly rate for \$10,000 = \$1.84 for all eligible dependent children. Premiums payable may be subject to minor adjustments (upwards and downwards) due to rounding of rates. Please contact Minnesota Life at 1.800.843.8358 to determine actual premiums due.

DENTAL INSURANCE									
	A. Dela	taCare®US	B. DeltaDental PPO						
	Ba	sic	Compre	hensive					
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly			
Employee Only	\$10.40	\$5.20	\$17.00	\$8.50	\$44.46	\$22.23			
Employee + 1 Dependent	\$17.18	\$8.59	\$31.80	\$15.90	\$76.34	\$38.17			
Employee + 2 or more Dependents	\$25.38	\$12.69	\$38.92	\$19.46	\$109.18	\$54.59			

## VISION INSURANCE

Vision Care Plan	Monthly	Biweekly	
Employee Only	\$6.64	\$3.32	
Employee + Dependents	\$18.40	\$9.20	

Minimum Annual Salary	Accident and Illness Monthly* Disability	*The monthly disability benefit level reflected in this chart is an average benefit. The actual amount paid varies since the monthly benefit is calculated on an annual basis to determine the weekly benefit that is payable by Lincoln. The benefit is based on 52 weeks in a year and is dependent on the number of days in the associated month. When Accident and Illness Benefits Begin after:								
	Benefits	14	14 Days 30 Days 60 Days 180 Days							
		Monthly	Biweekly	Monthly	Biweekly	Monthly Biweekly		Monthly Biweekly		
		Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	
\$3,600	\$200	\$6.38	\$3.19	\$4.78	\$2.39	\$3.58	\$1.79	\$2.42	\$1.21	
\$5,400	\$300	\$9.56	\$4.78	\$7.16	\$3.58	\$5.38	\$2.69	\$3.62	\$1.81	
\$7,200	\$400	\$12.74	\$6.37	\$9.54	\$4.77	\$7.18	\$3.59	\$4.84	\$2.42	
\$9,000	\$500	\$15.94	\$7.97	\$11.94	\$5.97	\$8.97	\$4.49	\$6.04	\$3.02	
\$10,800	\$600	\$19.12	\$9.56	\$14.32	\$7.16	\$10.76	\$5.38	\$7.26	\$3.63	
\$12,600	\$700	\$22.30	\$11.15	\$16.70	\$8.35	\$12.54	\$6.27	\$8.46	\$4.23	
\$14,400	\$800	\$25.48	\$12.74	\$19.10	\$9.55	\$14.34	\$7.17	\$9.68	\$4.84	
\$16,200	\$900	\$28.68	\$14.34	\$21.48	\$10.74	\$16.14	\$8.07	\$10.88	\$5.44	
\$18,000	\$1,000	\$31.86	\$15.93	\$23.86	\$11.93	\$17.92	\$8.96	\$12.10	\$6.05	
\$19,800	\$1,100	\$35.04	\$17.52	\$26.26	\$13.13	\$19.72	\$9.86	\$13.30	\$6.65	
\$21,600	\$1,200	\$38.24	\$19.12	\$28.64	\$14.32	\$21.52	\$10.76	\$14.52	\$7.26	
\$23,400	\$1,300	\$41.42	\$20.71	\$31.02	\$15.51	\$23.30	\$11.65	\$15.72	\$7.86	
\$25,200	\$1,400	\$44.60	\$22.30	\$33.42	\$16.71	\$25.10	\$12.55	\$16.94	\$8.47	
\$27,000	\$1,500	\$47.80	\$23.90	\$35.81	\$17.91	\$26.90	\$13.45	\$18.14	\$9.07	
\$28,800	\$1,600	\$50.98	\$25.49	\$38.18	\$19.09	\$28.68	\$14.34	\$19.36	\$9.68	
\$30,600	\$1,700	\$54.16	\$27.08	\$40.58	\$20.29	\$30.48	\$15.24	\$20.56	\$10.28	
\$32,400	\$1,800	\$57.34	\$28.67	\$42.96	\$21.48	\$32.28	\$16.14	\$21.78	\$10.89	
\$34,200	\$1,900	\$60.54	\$30.27	\$45.34	\$22.67	\$34.06	\$17.03	\$22.98	\$11.49	
\$36,000	\$2,000	\$63.72	\$31.86	\$47.74	\$23.87	\$35.86	\$17.93	\$24.20	\$12.10	
\$37,800	\$2,100	\$66.90	\$33.45	\$50.12	\$25.06	\$37.64	\$18.82	\$25.40	\$12.70	
\$39,600	\$2,200	\$70.10	\$35.05	\$52.50	\$26.25	\$39.44	\$19.72	\$26.62	\$13.31	
\$41,400	\$2,300	\$73.28	\$36.64	\$54.90	\$27.45	\$41.24	\$20.62	\$27.82	\$13.91	
\$43,200	\$2,400	\$76.47	\$38.24	\$57.28	\$28.64	\$43.02	\$21.51	\$29.04	\$14.52	
\$45,000	\$2,500	\$79.66	\$39.83	\$59.68	\$29.84	\$44.82	\$22.41	\$30.24	\$15.12	
\$46,800	\$2,600	\$82.84	\$41.42	\$62.06	\$31.03	\$46.62	\$23.31	\$31.44	\$15.72	
\$48,600	\$2,700	\$86.02	\$43.01	\$64.44	\$32.22	\$48.40	\$24.20	\$32.65	\$16.33	
\$50,400	\$2,800	\$89.20	\$44.60	\$66.84	\$33.42	\$50.20	\$25.10	\$33.86	\$16.93	
\$52,200	\$2,900	\$92.40	\$46.20	\$69.22	\$34.61	\$52.00	\$26.00	\$35.08	\$17.54	
\$54,000	\$3,000	\$95.58	\$47.79	\$71.61	\$35.81	\$53.78	\$26.89	\$36.28	\$18.14	
\$55,800	\$3,100	\$98.76	\$49.38	\$74.00	\$37.00	\$55.58	\$27.79	\$37.50	\$18.75	
\$57,600	\$3,200	\$101.96	\$50.98	\$76.38	\$38.19	\$57.36	\$28.68	\$38.70	\$19.35	
\$59,400	\$3,300	\$105.14	\$52.57	\$78.77	\$39.39	\$59.16	\$29.58	\$39.92	\$19.96	
\$61,200	\$3,400	\$108.32	\$54.16	\$81.16	\$40.58	\$60.96	\$30.48	\$41.12	\$20.56	
\$63,000	\$3,500	\$111.51	\$55.76	\$83.54	\$41.77	\$62.74	\$31.37	\$42.34	\$21.17	
\$64,800	\$3,600	\$114.70	\$57.35	\$85.92	\$42.96	\$64.55	\$32.28	\$43.54	\$21.77	
\$66,600	\$3,700	\$117.88	\$58.94	\$88.32	\$44.16	\$66.34	\$33.17	\$44.76	\$22.38	
\$68,400	\$3,800	\$121.06	\$60.53	\$90.70	\$45.35	\$68.12	\$34.06	\$45.96	\$22.98	
\$70,200	\$3,900	\$124.26	\$62.13	\$93.08	\$46.54	\$69.92	\$34.96	\$47.18	\$23.59	
\$72,000	\$4,000	\$127.44	\$63.72	\$95.48	\$47.74	\$71.72	\$35.86	\$48.38	\$24.19	
\$81,000	\$4,500	\$143.38	\$71.69	\$107.40	\$53.70	\$80.67	\$40.34	\$54.44	\$27.22	
\$90,000	\$5,000	\$159.31	\$79.66	\$119.34	\$59.67	\$89.64	\$44.82	\$60.48	\$30.24	
\$99,000	\$5,500	\$175.24	\$87.62	\$131.28	\$65.64	\$98.60	\$49.30	\$66.52	\$33.26	
\$108,000	\$6,000	\$191.16	\$95.58	\$143.20	\$71.60	\$107.56	\$53.78	\$72.58	\$36.29	
\$117,000	\$6,500	\$207.10	\$103.55	\$155.15	\$77.58	\$116.54	\$58.27	\$78.62	\$39.31	
\$126,000	\$7,000	\$223.02	\$111.51	\$167.08	\$83.54	\$125.50	\$62.75	\$84.68	\$42.34	
\$135,000	\$7,500	\$238.96	\$119.48	\$179.02	\$89.51	\$134.46	\$67.23	\$90.72	\$45.36	

# **DISABILITY INSURANCE**