2027 Rate Summary
Semi-Monthly Payroll Deductions

Health Insurance

Florida Blue **# 15888**

	Blue Options Plan # 3359	Blue Options HSA Compatible Plan # 5168/5169	Blue Options HSA Compatible Plan # 5172/5173
Employee Only	$ 233.00	$ 108.96	$ 67.00
Employee + One	$ 862.09	$ 604.18	$ 417.75
Family	$ 912.65	$ 657.56	$ 460.45

*CCSB Contributes $656.00 per month towards the cost of health insurance.

Husband & Wife Both Employed through CCSB

Employee + One	$ 534.09	$ 276.18	$ 89.75
Family	$ 584.65	$ 329.56	$ 132.45

*CCSB Contributes $1,312.00 per month towards the cost of health insurance.

*Blue Options Plan #3359 will not be open to new enrollees.
**Blue Options HSA Compatible Plans 5172/5173 now include use of the wellness centers/CCRH

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

National Benefit Services **# 762356**

	Medical Reimbursement Account	Dependent Care Reimbursement Account
Annual Contribution Limits	$ 3,500	$ 7,500

Telehealth & Health Advocacy

Access Medical **# AM100Q**

	Access Medical	Access Medical w/ Behavioral Health
Employee & Family	$ 6.00	$10.50

Hospital Indemnity Insurance

Chubb

	Plan 1	Plan 2
Employee Only	$ 10.64	$ 22.27
Employee + Spouse	$ 22.01	$ 45.15
Employee + Children	$ 10.64	$ 22.27
Family	$ 22.01	$ 45.15

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*	$ 1.74	$ 1.87	$ 2.17
14 Day Elimination Period*	$ 1.44	$ 1.60	$ 1.85
30 Day Elimination Period*	$ 1.27	$ 1.41	$ 1.63
60 Day Elimination Period	$ 1.05	$ 1.16	$ 1.35
90 Day Elimination Period	$ 0.61	$ 0.68	$ 0.79
180 Day Elimination Period	$ 0.45	$ 0.50	$ 0.58
*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 **# 15888**

Benefit Amount (Life / AD&D)	
$15,000 / 10,000 AD&D thru age 64	$ 6.95
$ 9,750 / 6,500 AD&D thru ages 65 - 69	$ 4.52
$ 7,500 / 5,000 AD&D thru ages 70 – 74	$ 3.48
$ 3,750 / 2,500 AD&D thru ages 75 +	$ 1.74

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