

# Carroll County Public Schools

## Benefits Cost Sheet Effective January 1, 2020

Costs indicated below are the per pay period deduction (semi-monthly) for each coverage. "Team" indicates husband and wife are both benefit eligible employees of CCPS.

### Medical Plans - Aetna

<b>Choice II POS Plan and Grandfathered PPO Plan</b>	Individual	Parent + 1 Child	Employee + Spouse	Family
All Employees	\$59.19	\$87.92	\$116.72	\$151.14
<b>High Deductible PPO Plan</b>				
All Employees except CCEA	\$18.62	\$27.62	\$35.31	\$45.75

### Dental Plan - CIGNA

<b>Traditional Dental Plan</b>	Individual	Parent + 1 Child	Employee + Spouse	Family
All Employees	\$0.00	\$12.00	\$22.35	\$38.17
Team Employees	N/A	N/A	\$0.00	\$7.91

### Vision Plan – United Healthcare

<b>Voluntary Vision Plan</b>	Individual	Parent + 1 Child	Employee + Spouse	Family
All Employees	\$2.29	\$4.58	\$4.66	\$6.76
<b>Grandfathered Basic Vision Plan</b>				
All Employees	\$0.00	\$0.00	\$0.00	\$0.00

### Long Term Disability Plan - CIGNA

AFSCME Employees (custodial/maintenance staff)	Annual Salary ÷ 24 = Semi-Monthly Salary Semi-Monthly Salary ÷ 100 x \$0.39 = Pay Period Cost
A&S/ATSP/Cabinet Employees	No Cost – CCPS pays premium
All Other Employees	Annual Salary ÷ 24 = Semi-Monthly Salary Semi-Monthly Salary ÷ 100 x \$0.14 = Pay Period Cost

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## Supplemental Life Insurance Plans - CIGNA

<b>Employee Supplemental Life</b>					
Age	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000
<30	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85
30-34	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85
35-39	\$0.54	\$1.08	\$1.62	\$2.16	\$2.70
40-44	\$0.80	\$1.78	\$2.67	\$3.56	\$4.45
45-49	\$1.52	\$3.04	\$4.56	\$6.08	\$7.60
50-54	\$2.58	\$5.16	\$7.74	\$10.32	\$12.90
55-59	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00
60-64	\$5.48	\$10.96	\$16.44	\$21.92	\$27.40
65-69	\$9.56	\$19.12	\$28.68	\$38.24	\$47.80
70+	\$21.13	\$42.26	\$63.39	\$84.52	\$105.65

<b>Spouse Supplemental Life</b>					
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
<30	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25
30-34	\$0.29	\$0.58	\$0.87	\$1.16	\$1.45
35-39	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75
40-44	\$0.55	\$1.09	\$1.64	\$2.18	\$2.73
45-49	\$0.93	\$1.86	\$2.79	\$3.72	\$4.65
50-54	\$1.54	\$3.08	\$4.62	\$6.16	\$7.70
55-59	\$2.41	\$4.82	\$7.23	\$9.64	\$12.05
60-64	\$3.77	\$7.54	\$11.31	\$15.08	\$18.85
65+	\$6.60	\$13.19	\$19.79	\$26.38	\$32.98

<b>Child Supplemental Life</b>		
Eligible Dependent	Benefit	Cost
Age 14 days to 26 years	\$5,000 per child	\$0.07 per employee