

2024 Benefit Rate Sheet



State Health Benefit Plan Rates Effective January 1, 2024

Plan Type	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Anthem HRA Bronze Plan	\$77.69	\$231.90	\$154.57	\$308.78
Anthem HRA Silver Plan	\$125.19	\$331.65	\$235.32	\$441.78
Anthem HMO Plan	\$148.53	\$380.66	\$274.99	\$507.12
Kaiser HMO Plan	\$169.54	\$430.64	\$311.96	\$573.06
UHC HDHP Plan	\$63.36	\$201.80	\$130.20	\$268.64
UHC HMO Plan	\$177.91	\$442.36	\$324.94	\$589.39
Anthem HRA Gold Plan	\$188.56	\$464.72	\$343.04	\$619.20
Tricare Supp.	\$60.50	\$119.50	\$119.50	\$160.50

Be sure you take advantage of all our online resources to understand how our plans work. Remember that the Board continues to fund most of the cost of your health plans in 2024—\$1,580.00 per month for certified enrolled employees. The Tricare Supplement is for active or retired military personnel enrolled in Tricare. Note that an \$80/mo surcharge applies for tobacco users.

Dental Plan Rates Effective January 1, 2024

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
ChoiceStandard	\$33.57	\$65.42	\$68.58	\$96.12
ChoicePlus	\$55.84	\$109.36	\$114.70	\$160.94
Network Platinum	\$48.61	\$95.18	\$99.83	\$140.09
DMO Plan	\$16.51	\$30.06	\$37.28	\$44.46

Delta Dental is the new provider for all plans in 2024. Note that you MUST use a Delta Dental PPO network dentist if you enroll in the Network Platinum plan, and you MUST use a DeltaCare USA network dentist if you sign up for the DMO. Visit our the benefits page of our website to search for in-network dentists!

Vision Plan Rates Effective January 1, 2024

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Standard Plan	\$5.57	\$11.05	\$11.54	\$15.36
Premium Plan	\$8.84	\$18.59	\$19.42	\$26.22

Our vision provider for 2024 is Avesis. Go to the benefits page of our website to find eye doctors in the Avesis network!

Short-Term Disability Plan Rates Effective January 1, 2024

Age	7-Day Wait	14-Day Wait	30-Day Wait	45-Day Wait	60-Day Wait	75-Day Wait
0-19	\$1.34	\$1.04	\$0.71	\$0.61	\$0.32	\$0.26
20-24	\$1.34	\$1.04	\$0.71	\$0.61	\$0.32	\$0.26
25-29	\$1.34	\$1.04	\$0.71	\$0.61	\$0.32	\$0.26
30-34	\$1.34	\$1.04	\$0.71	\$0.61	\$0.32	\$0.26
35-39	\$1.16	\$1.03	\$0.70	\$0.57	\$0.31	\$0.24
40-44	\$0.92	\$0.84	\$0.57	\$0.45	\$0.36	\$0.27
45-49	\$0.99	\$0.84	\$0.59	\$0.45	\$0.36	\$0.27
50-54	\$1.06	\$0.88	\$0.68	\$0.52	\$0.42	\$0.33
55-59	\$1.35	\$1.10	\$0.70	\$0.59	\$0.54	\$0.47
60-64	\$1.56	\$1.25	\$0.71	\$0.59	\$0.54	\$0.47
65-69	\$1.61	\$1.25	\$0.71	\$0.59	\$0.54	\$0.47
70+	\$1.61	\$1.25	\$0.71	\$0.59	\$0.54	\$0.47

The rates listed above are **per \$100 of monthly benefit**. You may purchase Short-Term Disability (STD) coverage in an amount less than or equal to 60% of your paycheck, in \$100 increments. Our benefits portal calculates cost automatically for you as you enroll. One America is the provider. Be sure to check your sick leave balance before enrolling in the STD plan. The plan will not pay you anything until all your sick leave is gone, so select the "Wait" (7, 14, 30, 45, 60, 75) that most closely mirrors your sick leave balance. Note that the Wait Periods reflect calendar days, while your sick leave is work days. 7 calendar days = 5 work days.

Long-Term Disability Plan Rates Effective January 1, 2024

Age	Cost per \$100 of Monthly Covered Payroll
0-19	\$0.137
20-24	\$0.137
25-29	\$0.137
30-34	\$0.137
35-39	\$0.137
40-44	\$0.137
45-49	\$0.137
50-54	\$0.280
55-59	\$0.500
60-64	\$0.604
65+	\$0.986

MetLife is our Long-Term Disability (LTD) provider. If you are nearing retirement or age 65, you may not need to purchase LTD coverage at all.

Planning to have a baby?

Fayette employees get 3 weeks paid maternity leave. So, if you have a baby, you get 3 weeks of paid leave, then you use your sick leave balance, THEN, (and only then) can our STD plan pay you. This means everyone expecting to have a baby should consider if it makes sense to adjust their STD wait period!

Life Insurance Plan Rates Effective January 1, 2024

EMPLOYEE	Cost per \$1,000	SPOUSE*	Cost per \$1,000	CHILD	Cost per \$1,000
<30	\$0.038	<30	\$0.040		\$0.109
30-34	\$0.047	30-34	\$0.050		
35-39	\$0.066	35-39	\$0.060		
40-44	\$0.085	40-44	\$0.080		
45-49	\$0.122	45-49	\$0.110		
50-54	\$0.188	50-54	\$0.180		
55-59	\$0.300	55-59	\$0.290		
60-64	\$0.413	60-64	\$0.440		
65-69	\$0.789	65-69	\$0.840		
70+	\$1.276	70+	\$1.360		

**Note: Spouse rates are based on YOUR age!*

MetLife is our Life Insurance provider. Employees may purchase Life Insurance in increments of \$10,000 up to a maximum benefit of ten times salary or \$1,000,000 whichever is less. You may also purchase Life Insurance for your Spouse in \$10,000 increments up to a maximum benefit of \$250,000 not to exceed 50% of your coverage amount. The cost for Employee Life and Spouse Life is based on your age. You may purchase Life Insurance for children (under age 26) in increments of \$1,000 with a minimum of \$3,000 and a maximum of \$20,000.

Accidental Death & Dismemberment Plan Rates Effective January 1, 2024

Supplemental AD&D	Employee Rate
Cost per \$1,000	\$0.150

MetLife is our AD&D provider. This plan pays if you die or are severely injured in an accident. It covers fewer injuries than the Accident plan does, but it costs a lot less. Be sure to review the additional information about this coverage on the Benefits page of our website, or as you are enrolling in our Benefits Portal.

Be sure to visit the benefits page of our website to get more details about our plans.

Legal Plan Rates Effective January 1, 2024

Legal Plan	Standard Plan	Premium Plan
Monthly Cost	\$8.25	\$15.75

MetLife is our Legal plan provider. The Premium Plan covers more than the Standard Plan. Be sure to review the additional information about this coverage on the Benefits page of our website, or as you are enrolling in our Benefits Portal.

Critical Illness Plan Rates Effective January 1, 2024

EMPLOYEE	Cost per \$1,000	SPOUSE	Cost per \$1,000	CHILD	Cost per \$1,000
<30	\$0.590	<30	\$0.680		\$0.44
30-39	\$0.920	30-39	\$1.000		
40-49	\$1.670	40-49	\$1.980		
50-59	\$2.910	50-59	\$3.450		
60-69	\$5.510	60-69	\$6.240		
70-84	\$8.170	70-84	\$9.300		

MetLife is our Critical Illness plan provider. Rates above are per \$1,000 of coverage. You can choose from \$5,000, \$10,000, \$20,000, \$30,000 or \$40,000 of coverage for yourself.

Accident Plan Rates Effective January 1, 2024

Accident Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Cost	\$10.00	\$19.80	\$22.39	\$27.74

MetLife is our Accident plan provider. This plan pays if you are injured in an accident. It covers many more injuries than the AD&D plan does, but it costs significantly more.

To get to the benefits page of our website, go to www.fcboe.org, click on Departments, HR, then Benefits!

