2025 Benefit Rate Sheet



State Health Benefit Plan Rates Effective January 1, 2025

Plan Type	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Anthem HRA Bronze Plan	\$82.67	\$247.56	\$164.86	\$329.75
Anthem HRA Silver Plan	\$131.17	\$349.41	\$247.31	\$465.55
Anthem HMO Plan	\$157.53	\$404.77	\$292.12	\$539.36
Kaiser HMO Plan	\$157.53	\$404.77	\$292.12	\$539.36
UHC HDHP Plan	\$72.69	\$226.80	\$147.89	\$301.80
UHC HMO Plan	\$196.58	\$486.77	\$358.50	\$648.69
Anthem HRA Gold Plan	\$194.67	\$482.76	\$355.26	\$643.35
Tricare Supp.	\$60.50	\$119.50	\$119.50	\$160.50

Be sure you take advantage of all our online resources to ensure you're making the best choice for you & your family. Remember that the Fayette Public School continues to fund most of the cost of your health plans in 2025 - \$1,760.00 certified and \$1,580 classified per month for every enrolled employee. If you or a covered dependent are a tobacco user, add \$80 to the rates above. The Tricare Supplement is for active or retired military personnel enrolled in Tricare.

Dental Plan Rates Effective January 1, 2025

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 provider for all plans in 2025. <u>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.</u> Visit our website to search for in-network dentists!

Vision Plan Rates Effective January 1, 2025

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 2025 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, 2025

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, 2025

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 30 days paid maternity leave. So, if you have a baby, you get 6 weeks of paid leave, then you use your sick leave balance, THEN, (and only then) can our STD plan pay you if you are still disabled. 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, 2025

EMPLOYEE	Cost per \$1,000
<30	\$0.038
30-34	\$0.047
35-39	\$0.066
40-44	\$0.085
45-49	\$0.122
50-54	\$0.188
55-59	\$0.300
60-64	\$0.413
65-69	\$0.789
70+	\$1.276

SPOUSE*	Cost per \$1,000
<30	\$0.040
30-34	\$0.050
35-39	\$0.060
40-44	\$0.080
45-49	\$0.110
50-54	\$0.180
55-59	\$0.290
60-64	\$0.440
65-69	\$0.840
70+	\$1.360

CHILD	Cost per \$1,000
	\$0.109

New! Employer Paid \$10,000 in life insurance

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 <u>your</u> 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, 2025

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.

Legal Plan Rates Effective January 1, 2025

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.

Be sure to
visit our Open
Enrollment
website to get
all the
resources
needed to
make great
decisions.

Critical Illness Plan Rates Effective January 1, 2025

EMPLOYEE	Cost per \$1,000
<30	\$0.590
30-39	\$0.920
40-49	\$1.670
50-59	\$2.910
60-69	\$5.510
70-84	\$8.170

SPOUSE	Cost per \$1,000
<30	\$0.680
30-39	\$1.000
40-49	\$1.980
50-59	\$3.450
60-69	\$6.240
70-84	\$9.300

CHILD	Cost per \$1,000
	\$0.44

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, 2025

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 our open enrollment website, go to www.fcboe.org, click on Departments, HR, Benefits, Open Enrollment!

