Employee Health Benefits Rates & Cost Sharing



Manatee County Government Employee Health Benefits Plan Year January 1, 2023 - December 31, 2023

Refer to the YourChoice website (www.manateeyourchoice.com) for a full explanation of the below benefits

Medical

Manatee YourChoice Health Plan (utilizing Aetna Choice POSII Open Access Network)

2022 MEDICAL MONTHLY RATE	ΞS	
	Employee Pays	Employer Pays
Employee Only	\$90.48	\$710.20
Employee + Spouse	\$340.88	\$1,298.00
Employee + Child(ren)	\$292.18	\$1,112.56
Employee + Family (spouse & children)	\$413.56	\$1,896.82
Dependent Child (age 26-30)	\$800.68	\$0

Dental

Aetna Dental PPO/PDN National Network*

2022 DENTAL MONTHLY RATES				
	Employee Pays			
Employee Only	\$34			
Employee + 1	\$55			
Employee + 2 or more	\$75			

The Dental Plan is 100% funded by employee contributions. Rates are based upon employee utilization during the past 12 months.

* Clerk's Office not eligible. Contact HR for details regarding your dental plan.

Vision

Aetna Vision Preferred National Network

2022 VISION MONTHLY RATES					
	Employee Pays				
Employee Only	\$4.92				
Employee + Spouse	\$9.36				
Employee + Child(ren)	\$9.84				
Employee + Family (spouse & children)	\$14.48				

Short Term Disability | Hartford Insurance Group

Short Term Disability (STD) is a NEW employee-paid benefit this year. Short-term Disability insurance is designed to help protect your income if you are hurt or sick and cannot work by providing up to 60% of your pre-disability earnings (up to a maximum of \$1,000 per week) after a 2-week waiting period and for up to 13 weeks.

2023 STD MONTHLY RATES

Rates are calculated automaticallyduring Annual Enrollment

Age	Rates Per \$10 of
	Weekly Benefit
ALL	\$0.401

The cost for STD is subject salary. Evidence of Insurability (EOI) is required unless electedat time of hire.
Complete the steps in the enrollment system to calculate and view your premium. * Policy is subject to pre-existing conditions.

WORKSHEET FOR STD Calculate Estimated Monthly Premium	
Find your weekly earnings by dividing your annual	
earnings by 52.	Line 1: \$576.92 (30,000/52)
2. Calculate your weekly benefit by multiplying your weeklybenefit by .60 (60% max benefit of weekly earnings <i>up to</i> \$1,000.00 per week).	<u>Line 2: \$346.15</u>
3. Divide rate by 10.4. Multiply line 2 by the amount in line 3.	<u>Line 3: \$0.0401</u>
4. Multiply line 2 by the amount in line 3.	<u>Line 4: \$13.88</u>
Line 2 (weekly benefit) X Line 3 (rate/10) = (Est. Monthly Premium)	

Long Term Disability | Hartford Insurance Group

Long Term Disability (LTD) is provided to all eligible employees. Core LTD is equal to 50% of an employee's base monthly salary up to \$3,000 per month after the disability exceeds 90 days and is provided at no cost to employees.

An employee can elect to enroll in **Additional LTD** and increase their benefit to 66 2/3% of base monthly salary, up to \$5000 per month. The cost for Additional LTD is subject to age and salary. Evidence of Insurability (EOI) is required unless elected at time of hire. Questions about this policy can be directed to Lucy De La Espriella at EHB: Lucy.delaespriella@mymanatee.org or 941.748.4501 x6280.

2023 ADDITIONAL LTD MONTHLY RATES EMPLOYEE Up to 66 2/3% Base Monthly Salary				
Age	Rates Per \$100 of Insured Earnings			
<40	\$0.105			
40-49	\$0.304			
50-59	\$0.713			
60-64	\$0.732			
65+	\$0.760			

WORKSHEET FOR ADDITIONAL LTD Calculate Estimated Monthly Premium
1.Enter your monthly earnings,
not to exceed \$7,500, on Line 1. <u>Line 1: \$5,000</u>
Select your rate from the rate table
and divide this by 100. Line 2: $\$.00304$ (.304 ÷ 100)
Multiply Line 1 by the amount
shown on Line 2. Line 3: \$15.20
Line 1 (Monthly Earnings) X Line 2 (Rate/100) = Est. Monthly Premium

Life Insurance Minnesota Life Ins. Company - A Securian Company

Term Life insurance is provided to all eligible employees. Core Life and AD&D is equal to 1x base annual salary up to \$200,000 and is provided at no cost to employees.

Additional Life Insurance can be acquired for employees, spouses and children. Evidence of Insurability (EOI) is required unless elected at time of hire. An employee can elect up to 6x base annual salary with a maximum coverage volume of \$750,000. Questions about this policy can be directed to Lucy De La Espriella at EHB: Lucy.delaespriella@mymanatee.org or 941.748.4501 x6280.

2023	2023 ADDITIONAL TERM LIFE MONTHLY RATES									
EMPLOYEE Up to 6x salary (max: \$750,000)			SPOUSE					CHILD(REN)		
			50% of EE election up to \$25,000 Coverage					\$10,000 Coverage		
Age	Rate per	Age	Rate per		Age	Rate per	Age	Rate per		Flat rate \$1/month
	\$1000 benefit		\$1000 benefit			\$1000 benefit		\$1000 benefit		
<34	\$0.050	55-59	\$0.511		<34	\$0.051	55-59	\$0.518		No matter how many children, the rate is still \$1/month. Each
35-39	\$0.058	60-64	\$0.756		35-39	\$0.066	60-69	\$0.715		Child receives
40-44	\$0.122	65-69	\$0.994		40-44	\$0.139				\$10,000 coverage.
45-49	\$0.245	70+	\$1.310		45-49	\$0.263				*No EOI for children
50-54	\$0.346				50-54	\$0.336				THE LETTICE CHIMATER

Visit <u>www.manateeyourchoice.com/employee-benefits/life-ad-d</u> for more information.

WORKSHEET FOR ADDITIONAL TERM LIFE
Calculate Estimated Monthly Premium
1.Enter the amount of additional term life,
on Line 1. <u>Line 1: \$46,000</u>
Select your rate from the rate table
and divide this by 100. <u>Line 2: \$.000122</u> (.122 ÷ 1000)
Multiply Line 1 by the amount
shown on Line 2. Line 3: \$5.61
Line 1 (Monthly Earnings) X Line 2 (Rate/100) = Est. Monthly Premium

IRC section 79 provides an exclusion for the first \$50,000 of group-term life insurance coverage provided under a policy carried directly or indirectly by an employer. There are no tax consequences if the total amount of such policies does not exceed \$50,000. The imputed cost of coverage in excess of \$50,000 must be included in income, using the IRS Premium Table, and are subject to social security and Medicare taxes. This amount is shown on employee's check as Life Over 50.

