

Employee Health Benefits Rates & Cost Sharing



Manatee County Government Employee Health Benefits
Plan Year January 1, 2024 - December 31, 2024

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)

2024 MEDICAL MONTHLY RATES		
	Employee Pays	Employer Pays
Employee Only	\$91.38	\$717.30
Employee + Spouse	\$344.30	\$1,310.98
Employee + Child(ren)	\$295.10	\$1,123.70
Employee + Family (spouse & children)	\$417.70	\$1,915.80
Dependent Child (age 26-30)	\$808.60	\$0

Dental

Aetna Dental PPO/PDN National Network*

2024 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

2024 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.

2024 STD MONTHLY RATES	
Rates are calculated automatically during 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 elected at 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	
1. Find your weekly earnings by dividing your annual earnings by 52.	<u>Line 1: \$576.92</u> (30,000/52)
2. Calculate your weekly benefit by multiplying your weekly benefit by .60 (60% max benefit of weekly earnings up to \$1,000.00 per week).	<u>Line 2: \$346.15</u>
3. Divide rate by 10.	<u>Line 3: \$0.0401</u>
4. Multiply line 2 by the amount in line 3.	<u>Line 4: \$13.88</u>
<hr/> 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.

2024 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.	<u>Line 2: \$0.00304</u> (.304 ÷ 100)
Multiply Line 1 by the amount shown on Line 2.	<u>Line 3: \$15.20</u>
<hr/> 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.

2024 ADDITIONAL TERM LIFE MONTHLY RATES								
EMPLOYEE Up to 6x salary (max: \$750,000)				SPOUSE 50% of EE election up to \$25,000 Coverage				CHILD(REN) \$10,000 Coverage
Age	Rate per \$1000 benefit	Age	Rate per \$1000 benefit	Age	Rate per \$1000 benefit	Age	Rate per \$1000 benefit	Flat rate \$1/month No matter how many children, the rate is still \$1/month. Each Child receives \$10,000 coverage. *No EOI for children
<34	\$0.040	55-59	\$0.409	<34	\$0.051	55-59	\$0.518	
35-39	\$0.046	60-64	\$0.605	35-39	\$0.066	60-69	\$0.715	
40-44	\$0.098	65-69	\$0.795	40-44	\$0.139			
45-49	\$0.196	70+	\$1.048	45-49	\$0.263			
50-54	\$0.277			50-54	\$0.336			

Visit www.manateeyourchoice.com/employee-benefits/life-ad-d 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 1000. <u>Line 2: \$.000196</u> (.196 ÷ 1000)	
Multiply Line 1 by the amount shown on Line 2. <u>Line 3: \$9.02</u>	
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.

