2015 Retiree Premium Rate Chart

Rates shown below are monthly deductions

| Florida Blue | | | | | |
|------------------------|---------|-----------------------|------------------|----------------|--|
| Medical Plan | Retiree | Retiree + 1 Dependent | Retiree + Family | Children Only* | |
| BlueCare HMO Basic | 515.79 | 921.97 | 1,275.11 | 183.34 | |
| BlueCare HMO Premium | 565.79 | 1,208.19 | 1,637.59 | 503.82 | |
| BlueOptions PPO | 603.29 | 1,243.73 | 1,664.35 | 499.06 | |
| BlueMedicare Group PPO | 306.05 | 612.10 | | | |

^{*}The "children only" rate applies to two retirees or a retiree and employee of the Board who are each eligible for benefits under the Board's group health plan, whose medical premiums are fully funded by the Board. All covered family members must be enrolled in the same medical plan to qualify for the "children only" rate.

| Davis Vision | | | | |
|----------------|---------------------------|--|---|--|
| | Option I Designer CC#2825 | Option II Premier Platinum Plus CC#2826 | Option III Premier Platinum Plus (Two-Pair Benefit) CC#2827 | |
| Employee Only | \$ 9.25 | \$ 12.92 | \$ 20.24 | |
| Employee + One | \$ 16.64 | \$ 23.24 | \$ 36.42 | |
| Family | \$ 25.88 | \$ 36.16 | \$ 56.66 | |

| Delta Dental | | | | |
|----------------|----------|--------------|---------------|--|
| | DHMO 14A | PPO Low Plan | PPO High Plan | |
| Employee Only | \$ 19.50 | \$ 27.66 | \$ 41.40 | |
| Employee + One | \$ 34.12 | \$ 67.12 | \$ 103.24 | |
| Family | \$ 53.64 | \$ 93.70 | \$ 141.32 | |

Basic Core Life Insurance - Minnesota Life Insurance Company

After enrollment, the amount of life insurance selected by an eligible retiree cannot be increased, but can be reduced to a lower coverage tier within your age group at any time. Coverage amounts and premiums will reduce at age 65 to 50% of the 'Under age 65' amounts and further reduce at age 70 to 70% of the 'Age 65 through 69' amounts.

| | Under Age 65 | | Age 65 through 69 | | Age 70 and Over | |
|--------|--------------|---------------|-------------------|---------------|-----------------|---------------|
| | Coverage | FRS Deduction | Coverage | FRS Deduction | Coverage | FRS Deduction |
| Tier 1 | 10,000 | \$ 2.00 | 5,000 | \$ 1.00 | 3,500 | \$ 0.70 |
| Tier 2 | 20,000 | \$ 9.50 | 10,000 | \$ 4.75 | 7,000 | \$ 3.33 |
| Tier 3 | 35,000 | \$ 31.85 | 17,500 | \$ 15.93 | 12,250 | \$ 11.15 |

| ARAG Legal and Identity Theft Protection | | | |
|--|-----------------------|--|--|
| Ultimate Advisor | Ultimate Advisor PLUS | | |
| \$18.25 | \$21.50 | | |

| Cigna / Lina Term Life | | | |
|------------------------|--------------|--|--|
| Employee Only | Monthly Rate | | |
| 5,000 | \$3.00 | | |
| 10,000 | \$6.00 | | |
| 15,000 | \$9.00 | | |