

**EMERALD COAST UTILITIES AUTHORITY  
RATE SHEET**

**MEDICAL INSURANCE & FLEXIBLE BENEFITS PLAN - Plan Year: October 1, 2015 – September 30, 2016**  
**DENTAL, LIFE, LONG/SHORT TERM DISABILITY & VISION - Plan Year: January 1 – September 30, 2016**

<b>MEDICAL INSURANCE (Florida Municipal Insurance Trust/United Healthcare - FMIT/UHC)</b>	<b>Effective 10/1/2015 – 9/30/2016</b>
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<u>TYPE COVERAGE</u>	<u>RATE</u>
<i>FMIT/UHC Plan 5 (HDHP)</i>	
EMPLOYEE ONLY	\$667.92
EMPLOYEE + SPOUSE	\$1,502.77
EMPLOYEE + CHILD(REN)	\$1,335.80
EMPLOYEE + FAMILY	\$2,037.10
 <i>FMIT/UHC Plan 14 (PPO)</i>	
EMPLOYEE ONLY	\$698.95
EMPLOYEE + SPOUSE	\$1,572.57
EMPLOYEE + CHILD(REN)	\$1,397.85
EMPLOYEE + FAMILY	\$2,131.70

<b>DENTAL INSURANCE (United Concordia)</b>	<b>Effective 1/1/2016 – 09/30/2016</b>
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<u>TYPE COVERAGE</u>	<u>RATE</u>
<i>Low Option - Choice A (\$1,000 Maximum Benefit)</i>	
EMPLOYEE ONLY	\$22.34
EMPLOYEE + DEPENDENT(S)	\$60.72
 <i>High Option - Choice B (\$1,500 Maximum Benefit)</i>	
EMPLOYEE ONLY	\$25.74
EMPLOYEE + DEPENDENT(S)	\$69.94

<b>VISION PLAN (Avesis)</b>	<b>Effective 1/1/2016 – 9/30/2016</b>
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<u>TYPE COVERAGE</u>	<u>RATE</u>
EMPLOYEE ONLY	\$5.96
EMPLOYEE + SPOUSE	\$12.16
EMPLOYEE + CHILD(REN)	\$12.92
EMPLOYEE + FAMILY	\$17.45

<b>FLEXIBLE BENEFITS PLAN &amp; FLEXIBLE SPENDING ACCOUNTS - FSA (WageWorks)</b>	<b>Effective 10/1/2015 - 9/30/2016</b>
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<u>RATE</u>	
Per FSA participant, per month	\$5.25

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**LIFE INSURANCE (Unum) Effective 1/1/2016 – 9/30/2016**

<u>TYPE COVERAGE</u>	<u>RATE</u>
EMPLOYEE-BASIC	\$.26/\$1,000
EMPLOYEE-ADDITIONAL	* See rates below

*Note: Additional life insurance rates include \$.02 AD&D.*

<u>*Age</u>	<u>Rates (per \$1,000)</u>	<u>*Age</u>	<u>Rates (per \$1,000)</u>
Under 20	0.08	50 – 54	0.33
20 – 34	0.08	55 – 59	0.59
35 – 39	0.09	60 – 64	0.94
40 – 44	0.15	65 – 69	1.33
45 – 49	0.20	70 – 74	1.57
		Age 75 & over	3.06

<u>DEPENDENT COVERAGE</u>	<u>RATE : SPOUSE/CHILD</u>
DEPENDENT	\$2.23 : \$5,000 / 2,000
DEPENDENT	\$3.35 : \$7,500 / 3,000
DEPENDENT	\$4.46 : \$10,000 / 4,000

<u>RETIREE COVERAGE</u>	<u>RATE : BENEFIT AMT</u>
RETIREE	\$4.40 : \$10,000
RETIREE SPOUSE	\$2.00 : \$5,000

**LONG TERM DISABILITY (LTD) INSURANCE (Unum) Effective 1/1/2016 – 9/30/2016**

<u>TYPE COVERAGE</u>	<u>RATE</u>
EMPLOYEE-BASIC (180-day elimination period)	\$.37/\$100

**SHORT TERM DISABILITY (STD) INSURANCE (Unum) Effective 1/1/2016 – 9/30/2016**

<u>TYPE COVERAGE</u>	<u>RATE</u>	<u>PAID BY ECUA</u>	<u>PAID BY EMPLOYEE**</u>
EMPLOYEE (21-day elimination period)	* See rates below		

<u>*Age</u>	<u>Rates (per \$10 of weekly benefit)</u>	<u>*Age</u>	<u>Rates (per \$10 of weekly benefit)</u>
Under 25	0.51	45 – 49	0.71
25 – 29	0.53	50 – 54	0.82
30 – 34	0.51	55 – 59	1.13
35 – 39	0.51	60 – 64	1.44
40 – 44	0.62	Age 65 & over	1.65