



March 21st, 2025  
Platte County School District

## Worksite Benefits

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# SIPGKC

## Voluntary Critical Illness Option

Carrier	Platte County - Aetna		Mutual of Omaha - Proposed
<b>Benefit Amounts</b>			
Employee	\$10,000 or \$20,000		\$10,000 increments up to \$50,000
Spouse	Up to 100% of face amount elected by employee		100% of the employee benefit amount
Child	Up to 100% of face amount elected by employee		50% of the employee benefit amount
Guarantee Issue	Up to \$20,000		Up to \$50,000
<b>Benefit Type</b>			
ALS	25%		100%
Alzheimer's Disease	25%		100%
Benign Brain Tumor	100%		100%
Cancer (Internal or Invasive)	100%		100%
Cancer (Non Invasive)	25%		25%
Cancer Skin	\$1,000 once per lifetime		\$500 up to 5 times
Coronary Artery Disease w/ Bypass	25% / Coronary Artery Obstruction		50% / Coronary Artery Obstruction
End Stage Renal Failure	100%		100%
Heart Attack	100%		100%
Loss of Sight, Hearing, or Speech	100%		100%
Major Organ Failure	100%		100%
Paralysis	100%		100%
Stroke	100%		100%
<b>Plan Cost</b>	Platte County - Aetna		Mutual of Omaha - Proposed
<b>Rate Basis</b>	With Cancer		With Cancer
	Attained	Attained	Attained Age
<b>EE Monthly Rate for \$10,000 Benefit</b>	Non Tobacco	Tobacco	Uni-Tobacco
Age 25	\$3.58	\$3.58	\$3.40
Age 35	\$6.12	\$6.12	\$6.00
Age 45	\$11.38	\$11.38	\$11.00
Age 55	\$22.93	\$22.93	\$22.70
<b>Limitations</b>			
Benefit Reduction	Yes		None
Benefit Waiting Period	None		None
Portable Coverage	Yes		Yes
Pre-Existing Condition Limitation	None		None
<b>Rate Guarantee</b>	Unknown		2 years

# SIPGKC

## Voluntary Hospital Indemnity Option

Carrier	Platte County - Aetna	Mutual of Omaha - Proposed
Plan Type	Base	Option 1
<b>Benefit Type</b>		
Hospital Admission	\$1,000	\$1,000
Hospital Confinement Per Diem	\$100	\$100
Hospital Confinement Day Max	60	60
Hospital ICU Admission	\$0	\$1,000
Hospital ICU Confinement	\$200	\$200 (additive to Hospital Confinement benefit)
ICU Confinement Day Max	60	60
<b>Wellness Benefit</b>	\$50	50
<b>Plan Provisions</b>		
Benefit Reduction	No	None
Benefit Waiting Period	No	None
Guarantee Issue	Yes	Yes
Pregnancy Limitation	Yes	None
Portable Coverage	Yes	Yes
Pre-Existing Condition Limitation	No	None
<b>Plan Cost</b>	Platte County - Aetna	Mutual of Omaha - Proposed
<b>Monthly Premium</b>	Base	Option 1
Employee	<b>\$14.02</b>	<b>\$13.67</b>
Employee + Spouse	<b>\$27.64</b>	<b>\$26.87</b>
Employee + Child(ren)	<b>\$24.88</b>	<b>\$23.78</b>
Family	<b>\$38.14</b>	<b>\$37.22</b>
<b>Rate Guarantee</b>	Unknown	2 Years

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## Voluntary Accident Options

Carrier	Platte County - Aetna		Mutual of Omaha- Proposed	
	Low Plan	High Plan	Plan 1	Plan 2
<b>Plan Type</b>	Unknown		Plan 1	Plan 2
<b>Participation Requirement</b>	Unknown		Waived	Waived
<b>Benefit Type</b>	Unknown		Waived	Waived
Ambulance	Ground: \$300 Air: \$1,500	Ground: \$400 Air: \$2,000	Ground: \$400 Air: \$2,000	Ground: \$500 Air: \$2,000
Blood/Plasma	\$400	\$500	\$450	\$650
Coma	\$10,000	\$20,000	\$25,000	\$55,000
Concussion	\$150	\$200	\$300	\$400
Diagnostic Testing (Major)	\$150	\$200	\$300	\$400
Dislocation	Up to \$6,000	Up to \$12,000	Up to \$10,000	Up to \$16,000
Emergency Room Treatment	\$150	\$200	\$400	\$500
Eye Injury	\$200	\$300	\$250	\$500
Family Lodging	\$100/day	\$200/day	\$200 per night, 100 miles or more, 30 night max	\$300 per night, 100 miles or more, 30 night max
Follow-up Treatment	\$50 per visit, 3 visit max	\$50 per visit, 3 visit max	\$75 per visit, 6 visit max	\$100 per visit, 6 visit max
Fracture	Up to \$8,250	Up to \$16,500	Up to \$9,000	Up to \$16,500
Hospital Admission	\$1,000	\$1,500	\$1,250	\$2,000
Hospital Confinement	\$200/day	\$300/day	\$300 per day, up to 365 days	\$400 per day, up to 365 days
Hospital ICU Admission	\$1,000	\$1,500	\$1,250	\$2,000
Hospital ICU Confinement	\$400/day	\$600/day	\$600 per day, up to 30 days	\$800 per day, up to 30 days
Initial Doctor Visit	\$150	\$200	\$175	\$250
Laceration	Up to \$600	Up to \$600	Up to \$1,000	Up to \$1,000
Medical Appliance	\$200	\$300	\$300	\$400
Paralysis	Up to \$10,000	Up to \$20,000	Para: \$50,000 Quad: \$25,000	Para: \$110,000 Quad: \$55,000
X-ray	\$50	\$75	\$75	\$100
<b>AD&amp;D</b>				
Accidental Death - Employee	\$50,000	\$100,000	\$50,000	\$110,000
Spouse	\$25,000	\$50,000	\$25,000	\$55,000
Child(ren)	\$25,000	\$50,000	\$10,000	\$20,000
<b>Wellness Benefit</b>	\$50	\$50	\$50	\$50
<b>Additional Provisions</b>				
24 Hour / Off Job	Unknown	Unknown	24 Hour	24 Hour
Benefit Reductions	None	None	None	None
Guarantee Issue	Unknown	Unknown	Yes, every year	Yes, every year
Portable Coverage	Unknown	Unknown	Yes	Yes
<b>Plan Cost</b>	Platte County - Aetna		Mutual of Omaha- Proposed	
<b>Monthly Premium</b>	Low Plan	High Plan	Plan 1	Plan 2
Employee	\$6.72	\$10.18	\$6.23	\$9.56
Employee + Spouse	\$13.45	\$17.90	\$12.96	\$16.88
Employee + Child(ren)	\$14.12	\$21.45	\$13.45	\$20.34
Family	\$20.85	\$28.00	\$19.03	\$26.41
<b>Rate Guarantee</b>	Unknown		2 years	2 Years

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## Dental

Carrier	Aetna	Ameritas - Proposed
<b>Plan Type</b>	<b>PPO Base</b>	<b>PPO Base</b>
<b>Participation Requirement</b>	?	Takeover
<b>Employer Contribution</b>	No	No
<b>Benefit</b>	<b>In-Network</b>	<b>In-Network</b>
Out-of-Network Reimbursement	?	MRC 90th
Calendar Year Benefit	\$2,250	\$2,250
Calendar Year Deductible	\$50 / \$150	Lifetime \$50
Cleaning Frequency	2 per year	2 per year
<b>Class I: Diagnostic &amp; Preventive</b>		
Oral Exams	100%	100%
Routine Cleanings	100%	100%
X-Rays	100%	100%
Sealants	100%	100%
<b>Class II: Basic Restorative</b>		
Fillings	90%	90%
Uncomplicated Extractions	90%	90%
Basic Periodontics	50%	90%
Basic Endodontics	50%	90%
<b>Class III: Major Restorative</b>		
Inlays and Onlays	50%	50%
Crowns	50%	50%
Bridges and Dentures	50%	50%
<b>Class IV: Orthodontia</b>		
Benefit	50%	50%
Maximum	\$1,000	\$1,000
Dependent Age Limit	20	20
<b>Plan Cost</b>		
<b>Monthly Premium</b>	<b>PPO Base</b>	<b>PPO Base</b>
Employee Only	\$39.66	\$37.96
Employee + Spouse	\$79.36	\$76.16
Employee + Child(ren)	\$101.48	\$97.40
Family	\$147.02	\$141.12
<b>Rate Guarantee</b>	?	24 Months

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## Vision

Carrier	Platte County	Ameritas - Proposed
Plan Type	Base Plan	Base Plan
	In-Network	In-Network
Network Type	Aetna	VSP and/or EyeMed
<b>Copay</b>		
Exam	\$10	\$10 copay
Materials	\$0	\$0
<b>Frequency (Months)</b>		
Exams/Lenses	Every calendar Year	Every calendar year
Frames	Every calendar Year	Every Calendar year
Network Discounts	Limitless within 12 months of exam	Limitless within 12 months of exam
<b>Lenses</b>		
Single Vision	\$25	\$25
Bifocal	\$25	\$25
Trifocal	\$25	\$25
Lenticular	\$25	\$25
<b>Contacts</b>		
Elective	up to \$150	up to \$150
Medically Necessary	\$0	\$0
Evaluation & Fitting	Standard or Premium fit: Copay not to exceed \$40	Standard or Premium fit: Copay not to exceed \$40
Frames	Member pays 20% of amount over \$150 allowance	Member pays 20% of amount over \$150 allowance
<b>Plan Cost</b>	<b>Platte County</b>	<b>Ameritas - Proposed</b>
<b>Monthly Premium</b>	<b>Base Plan</b>	<b>Base Plan</b>
Employee Only	\$6.58	\$6.28
Employee + Spouse	\$12.48	\$11.96
Employee + Child(ren)	\$13.14	\$12.60
Family	\$19.30	\$18.48
<b>Rate Guarantee</b>	<b>Unknown</b>	<b>2 Years</b>

# SIPGKC

## Voluntary Life and AD&D

Carrier	Platte County- Reliance Standard		Mutual of Omaha- Proposed	
<b>Benefits</b>				
Employee Benefit	\$10,000 increments to a maximum of \$500,000		\$10,000 increments to a maximum of \$500,000	
Spouse Benefit	\$10,000 increments to a maximum of \$150,000, not to exceed 50% of employee's Optional Life Benefit .		\$10,000 increments to a maximum of \$500,000.	
Child Benefit	\$10,000		\$10,000	
Employee Guarantee Issue	\$200,000		\$200,000	
Spouse Guarantee Issue	\$50,000		\$50,000	
True Open Enrollment	No		Yes	
<b>Rates</b>	Platte County- Reliance Standard		Mutual of Omaha- Proposed	
<b>Life (per \$1,000)</b>	<b>Employee &amp; Spouse</b>		<b>Employee &amp; Spouse</b>	
< 25	\$0.041	\$0.041	\$0.030	\$0.030
25-29	\$0.046	\$0.046	\$0.038	\$0.038
30-34	\$0.050	\$0.050	\$0.040	\$0.040
35-39	\$0.065	\$0.065	\$0.058	\$0.058
40-44	\$0.091	\$0.091	\$0.080	\$0.080
45-49	\$0.139	\$0.139	\$0.120	\$0.120
50-54	\$0.208	\$0.208	\$0.190	\$0.190
55-59	\$0.341	\$0.341	\$0.310	\$0.310
60-64	\$0.451	\$0.451	\$0.410	\$0.410
65-69	\$0.765	\$0.765	\$0.700	\$0.700
70-74	\$1.365	\$1.365	\$1.250	\$1.250
75-79	N/A	N/A	\$2.092	\$2.092
80-99	N/A	N/A	\$3.972	\$3.972
AD&D	\$0.070		\$0.014	
Child(ren)	\$0.108		\$0.060	
Child(ren) AD&D	N/A		\$0.040	
Rate Guarantee	Unknown		2 Years	

# SIPGKC ID Theft

Carrier	Transunion - Proposed	
<b>Programs</b>	<b>UltraSecure ID</b>	<b>UltraSecure Premium</b>
	Identity Protection	
	Mobile Device and PC Protection	
	Child Monitoring	
	Restoration Services	
	Credit Monitoring - 1 Bureau	Credit Monitoring - 3 Bureaus
	\$1 Million Insurance	\$2 Million Insurance
<b>Monthly Rates (Voluntary/EE Paid)</b>	Transunion - Proposed	
	<b>UltraSecure ID</b>	<b>UltraSecure Premium</b>
	<b>\$4.98 Individual</b>	<b>\$7.98 Individual</b>
	<b>\$8.98 Family</b>	<b>\$13.98 Family</b>
<b>Rate Guarantee</b>	<b>3 Years</b>	

The above rates for Transunion reflect a Voluntary/EE Paid rate. Transunion has also provided Employer Paid rates (see below):

UltraSecure ID:  
\$1.50 Individual / \$3.50 Family

UltraSecure Premium:  
\$2.25 Individual / \$4.25 Family