York County School Division
Health & Dental Insurance Rates
Effective: October 1, 2016 - September 30, 2017

Paid on 12-month Basis:

HEALTH:

12-MONTH NON SMOKERS:

	Total Monthly Cost	YCSD Pays	12-Month Monthly Employee Pays	12-Month Bi-Weekly Employee Pays
Anthem Blue Cross / Blue Shield KeyCare (PPO)				
Employee only	$739.30	$ 658.30	$ 81.00	$ 40.50
Employee + one Child	$1,077.70	$ 880.70	$ 197.00	$ 98.50
Employee + Spouse	$1,686.50	$ 1,307.50	$ 379.00	$ 189.50
Employee + Family	$1,980.90	$ 1,574.90	$ 406.00	$ 203.00
Anthem Blue Cross / Blue Shield HealthKeepers (HMO/POS)				
Employee only	$528.10	$ 491.10	$ 37.00	$ 18.50
Employee + one Child	$807.00	$ 720.00	$ 87.00	$ 43.50
Employee + Spouse	$1,212.30	$ 1,027.30	$ 185.00	$ 92.50
Employee + Family	$1,557.90	$ 1,319.90	$ 238.00	$ 119.00

12-MONTH SMOKERS:

	Total Monthly Cost	YCSD Pays	12-Month Monthly Employee Pays	12-Month Bi-Weekly Employee Pays
Anthem Blue Cross / Blue Shield KeyCare (PPO)				
Employee only	$843.30	$ 689.30	$ 154.00	$ 77.00
Employee + one Child	$1,236.30	$ 928.30	$ 308.00	$ 154.00
Employee + Spouse	$1,941.00	$ 1,384.00	$ 557.00	$ 278.50
Employee + Family	$2,284.70	$ 1,666.70	$ 618.00	$ 309.00
Anthem Blue Cross / Blue Shield HealthKeepers (HMO/POS)				
Employee only	$613.90	$ 515.90	$ 98.00	$ 49.00
Employee + one Child	$928.30	$ 754.30	$ 174.00	$ 87.00
Employee + Spouse	$1,398.80	$ 1,080.80	$ 318.00	$ 159.00
Employee + Family	$1,795.10	$ 1,387.10	$ 408.00	$ 204.00

DENTAL:

*smoker rates do not apply to dental

Delta Dental Plan of Virginia Delta Premier				
Employee only	$ 34.00	$ 23.80	$ 10.20	$ 5.10
Employee + one dependent	$ 55.00	$ 24.20	$ 30.80	$ 15.40
Employee + Family	$ 93.00	$ 27.90	$ 65.10	$ 32.55
Delta Dental Plan of Virginia Delta DeltaCare				
Employee only	$ 24.00	$ 15.00	$ 9.00	$ 4.50
Employee + one dependent	$ 44.00	$ 26.00	$ 18.00	$ 9.00
Employee + Family	$ 63.00	$ 34.00	$ 29.00	$ 14.50

Paid on 10-month Basis:

HEALTH:

10-MONTH NON SMOKERS:

	Total Monthly Cost	YCSD Pays	10-Month Monthly Employee Pays	10-Month Bi-Weekly Employee Pays
Anthem Blue Cross / Blue Shield KeyCare (PPO)				
Employee only	$ 887.16	$ 789.96	$ 97.20	$ 48.60
Employee + one Child	$ 1,293.24	$ 1,056.84	$ 236.40	$ 118.20
Employee + Spouse	$ 2,023.80	$ 1,569.00	$ 454.80	$ 227.40
Employee + Family	$ 2,377.08	$ 1,889.88	$ 487.20	$ 243.60
Anthem Blue Cross / Blue Shield HealthKeepers (HMO/POS)				
Employee only	$ 633.72	$ 589.32	$ 44.40	$ 22.20
Employee + one Child	$ 968.40	$ 864.00	$ 104.40	$ 52.20
Employee + Spouse	$ 1,454.76	$ 1,232.76	$ 222.00	$ 111.00
Employee + Family	$ 1,869.48	$ 1,583.88	$ 285.60	$ 142.80

10-MONTH SMOKERS:

	Total Monthly Cost	YCSD Pays	10-Month Monthly Employee Pays	10-Month Bi-Weekly Employee Pays
Anthem Blue Cross / Blue Shield KeyCare (PPO)				
Employee only	$ 1,011.96	$ 827.16	$ 184.80	$ 92.40
Employee + one Child	$ 1,483.56	$ 1,113.96	$ 369.60	$ 184.80
Employee + Spouse	$ 2,329.20	$ 1,660.80	$ 668.40	$ 334.20
Employee + Family	$ 2,741.64	$ 2,000.04	$ 741.60	$ 370.80
Anthem Blue Cross / Blue Shield HealthKeepers (HMO/POS)				
Employee only	$ 736.68	$ 619.08	$ 117.60	$ 58.80
Employee + one Child	$ 1,113.96	$ 905.16	$ 208.80	$ 104.40
Employee + Spouse	$ 1,678.56	$ 1,296.96	$ 381.60	$ 190.80
Employee + Family	$ 2,154.12	$ 1,664.52	$ 489.60	$ 244.80

DENTAL:

*smoker rates do not apply to dental

Delta Dental Plan of Virginia Delta Premier				
Employee only	$ 40.80	$ 28.56	$ 12.24	$ 6.12
Employee + one dependent	$ 66.00	$ 29.04	$ 36.96	$ 18.48
Employee + Family	$ 111.60	$ 33.48	$ 78.12	$ 39.06
Delta Dental Plan of Virginia Delta DeltaCare				
Employee only	$ 28.80	$ 18.00	$ 10.80	$ 5.40
Employee + one dependent	$ 52.80	$ 31.20	$ 21.60	$ 10.80
Employee + Family	$ 75.60	$ 40.80	$ 34.80	$ 17.40