

York County School Division
Health & Dental Insurance Rates
Effective: October 1, 2018- December 31, 2018

Paid on 12-month Basis:				
HEALTH:	Total	YCS Pays	12-Month	12-Month
	Monthly		Monthly	Bi-Weekly
	Cost		Employee	Employee

12-MONTH NON SMOKERS:				
Anthem Blue Cross / Blue Shield KeyCare (PPO)				
Employee only	\$ 776.26	\$ 691.26	\$ 85.00	\$ 42.50
Employee + one Child	\$ 1,131.58	\$ 924.58	\$ 207.00	\$ 103.50
Employee + Spouse	\$ 1,770.82	\$ 1,372.82	\$ 398.00	\$ 199.00
Employee + Family	\$ 2,079.94	\$ 1,653.94	\$ 426.00	\$ 213.00

Anthem Blue Cross / Blue Shield HealthKeepers (HMO/POS)				
Employee only	\$ 554.50	\$ 515.50	\$ 39.00	\$ 19.50
Employee + one Child	\$ 847.34	\$ 756.34	\$ 91.00	\$ 45.50
Employee + Spouse	\$ 1,272.92	\$ 1,078.92	\$ 194.00	\$ 97.00
Employee + Family	\$ 1,635.80	\$ 1,385.80	\$ 250.00	\$ 125.00

Anthem Blue Cross / Blue Shield Lumenos High Deductible Option				
Employee only-HSA Contribution \$100	\$ 521.96	\$ 521.96	\$ -	\$ -
Employee + one Child--HSA Contribution \$100	\$ 797.60	\$ 742.60	\$ 55.00	\$ 27.50
Employee + Spouse--HSA Contribution \$100	\$ 1,198.20	\$ 1,048.20	\$ 150.00	\$ 75.00
Employee + Family--HSA Contribution \$100	\$ 1,539.76	\$ 1,339.76	\$ 200.00	\$ 100.00

12-MONTH SMOKERS:				
Anthem Blue Cross / Blue Shield KeyCare (PPO)				
Employee only	\$ 885.46	\$ 723.46	\$ 162.00	\$ 81.00
Employee + one Child	\$ 1,298.12	\$ 975.12	\$ 323.00	\$ 161.50
Employee + Spouse	\$ 2,038.04	\$ 1,453.04	\$ 585.00	\$ 292.50
Employee + Family	\$ 2,398.94	\$ 1,749.94	\$ 649.00	\$ 324.50

Anthem Blue Cross / Blue Shield HealthKeepers (HMO/POS)				
Employee only	\$ 644.60	\$ 541.60	\$ 103.00	\$ 51.50
Employee + one Child	\$ 974.72	\$ 791.72	\$ 183.00	\$ 91.50
Employee + Spouse	\$ 1,468.74	\$ 1,134.74	\$ 334.00	\$ 167.00
Employee + Family	\$ 1,884.86	\$ 1,456.86	\$ 428.00	\$ 214.00

Anthem Blue Cross / Blue Shield Lumenos High Deductible Option				
Employee only-HSA Contribution \$100	\$ 606.76	\$ 551.76	\$ 55.00	\$ 27.50
Employee + one Child--HSA Contribution \$100	\$ 917.50	\$ 807.50	\$ 110.00	\$ 55.00
Employee + Spouse--HSA Contribution \$100	\$ 1,382.52	\$ 1,082.52	\$ 300.00	\$ 150.00
Employee + Family--HSA Contribution \$100	\$ 1,774.22	\$ 1,374.22	\$ 400.00	\$ 200.00

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:	Total	YCS Pays	10-Month	10-Month
	Monthly		Monthly	Bi-Weekly
	Cost		Employee	Employee

10-MONTH NON SMOKERS:				
Anthem Blue Cross / Blue Shield KeyCare (PPO)				
Employee only	\$ 931.52	\$ 829.52	\$ 102.00	\$ 51.00
Employee + one Child	\$ 1,357.90	\$ 1,109.50	\$ 248.40	\$ 124.20
Employee + Spouse	\$ 2,125.00	\$ 1,647.40	\$ 477.60	\$ 238.80
Employee + Family	\$ 2,495.94	\$ 1,984.74	\$ 511.20	\$ 255.60

Anthem Blue Cross / Blue Shield HealthKeepers (HMO/POS)				
Employee only	\$ 665.40	\$ 618.60	\$ 46.80	\$ 23.40
Employee + one Child	\$ 1,016.82	\$ 907.62	\$ 109.20	\$ 54.60
Employee + Spouse	\$ 1,527.50	\$ 1,294.70	\$ 232.80	\$ 116.40
Employee + Family	\$ 1,962.96	\$ 1,662.96	\$ 300.00	\$ 150.00

Anthem Blue Cross / Blue Shield Lumenos High Deductible Option				
Employee only-HSA Contribution \$100	\$ 626.34	\$ 626.34	\$ -	\$ -
Employee + one Child--HSA Contribution \$100	\$ 957.12	\$ 891.12	\$ 66.00	\$ 33.00
Employee + Spouse--HSA Contribution \$100	\$ 1,437.84	\$ 1,257.84	\$ 180.00	\$ 90.00
Employee + Family--HSA Contribution \$100	\$ 1,847.72	\$ 1,607.72	\$ 240.00	\$ 120.00

10-MONTH SMOKERS:				
Anthem Blue Cross / Blue Shield KeyCare (PPO)				
Employee only	\$ 1,062.56	\$ 868.16	\$ 194.40	\$ 97.20
Employee + one Child	\$ 1,557.74	\$ 1,170.14	\$ 387.60	\$ 193.80
Employee + Spouse	\$ 2,445.66	\$ 1,743.66	\$ 702.00	\$ 351.00
Employee + Family	\$ 2,878.72	\$ 2,099.92	\$ 778.80	\$ 389.40

Anthem Blue Cross / Blue Shield HealthKeepers (HMO/POS)				
Employee only	\$ 773.52	\$ 649.92	\$ 123.60	\$ 61.80
Employee + one Child	\$ 1,169.66	\$ 950.06	\$ 219.60	\$ 109.80
Employee + Spouse	\$ 1,762.48	\$ 1,361.68	\$ 400.80	\$ 200.40
Employee + Family	\$ 2,261.82	\$ 1,748.22	\$ 513.60	\$ 256.80

Anthem Blue Cross / Blue Shield Lumenos High Deductible Option				
Employee only-HSA Contribution \$100	\$ 728.10	\$ 662.10	\$ 66.00	\$ 33.00
Employee + one Child--HSA Contribution \$100	\$ 1,101.00	\$ 969.00	\$ 132.00	\$ 66.00
Employee + Spouse--HSA Contribution \$100	\$ 1,659.00	\$ 1,299.04	\$ 360.00	\$ 180.00
Employee + Family--HSA Contribution \$100	\$ 2,129.06	\$ 1,649.06	\$ 480.00	\$ 240.00

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

The above rates are for FULL TIME employees. Part-time rates are based on the percentage of employment.
 If both spouses are YCSD employees, there is an additional employer paid portion. Please contact Mary Beth Plucinski at 757-898-0483
 Non-Smoker Rates - All participants in health insurance will be enrolled on the smoker rates unless the Non-Smoker Agreement is completed and returned to the Benefits Office.