

**York County School Division**  
**Health & Dental Insurance Rates**  
**Effective: January 1, 2020 - December 31, 2020**

**Paid on 12-month Basis:**

**HEALTH:**

	Total Monthly Cost	YCSD Pays	12 month Employee Pays	12 month Bi-weekly Employee Pays
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**12-MONTH EMPLOYEES:**

<b>Cigna Open Access 1 (OAP 1)</b>				
Employee only	\$ 568.36	\$ 528.36	\$ 40.00	\$ 20.00
Employee + one Child	\$ 868.52	\$ 775.52	\$ 93.00	\$ 46.50
Employee + Spouse	\$ 1,304.74	\$ 1,105.74	\$ 199.00	\$ 99.50
Employee + Family	\$ 1,676.70	\$ 1,420.70	\$ 256.00	\$ 128.00

**Cigna Health Savings Account**

<b>HSA Contribution of \$100 per month by YCSD</b>				
Employee only-HSA Contribution \$100	\$ 535.00	\$ 535.00	\$ -	\$ -
Employee + one Child--HSA Contribution \$100	\$ 817.54	\$ 760.54	\$ 57.00	\$ 28.50
Employee + Spouse--HSA Contribution \$100	\$ 1,228.16	\$ 1,070.16	\$ 158.00	\$ 79.00
Employee + Family--HSA Contribution \$100	\$ 1,578.26	\$ 1,368.26	\$ 210.00	\$ 105.00

**DENTAL:**

<b>Delta Dental Plan of Virginia Delta PPO+Premier</b>				
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

<b>Delta Dental Plan of Virginia Delta PPO+EPO</b>				
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

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

**Paid on 10-month Basis:**

**HEALTH:**

	Total Monthly Cost	YCSD Pays	10 month Employee Pays	10 month Bi-weekly Employee Pays
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**10-MONTH Employees:**

<b>Cigna Open Access 1 (OAP 1)</b>				
Employee only	\$ 682.02	\$ 634.02	\$ 48.00	\$ 24.00
Employee + one Child	\$ 1,042.22	\$ 930.62	\$ 111.60	\$ 55.80
Employee + Spouse	\$ 1,565.70	\$ 1,326.90	\$ 238.80	\$ 119.40
Employee + Family	\$ 2,012.04	\$ 1,704.84	\$ 307.20	\$ 153.60

**Cigna Health Savings Account**

<b>HSA Contribution of \$100 per month by YCSD</b>				
Employee only-HSA Contribution \$100	\$ 642.00	\$ 642.00	\$ -	\$ -
Employee + one Child--HSA Contribution \$100	\$ 981.04	\$ 912.64	\$ 68.40	\$ 34.20
Employee + Spouse--HSA Contribution \$100	\$ 1,473.80	\$ 1,284.20	\$ 189.60	\$ 94.80
Employee + Family--HSA Contribution \$100	\$ 1,893.90	\$ 1,641.90	\$ 252.00	\$ 126.00

**DENTAL:**

<b>Delta Dental Plan of Virginia Delta PPO+Premier</b>				
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

<b>Delta Dental Plan of Virginia Delta PPO+EPO</b>				
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