

York County School Division
Health & Dental Insurance Rates
For Plan Year January 1, 2021 - December 31, 2021

Paid on 12-month Basis:

HEALTH: Total Monthly Cost YCSD Pays 12 month Employee Pays 12 month Bi-weekly Employee Pays

12-MONTH EMPLOYEES:

Cigna Open Access 1 (OAP 1)				
Employee only	\$ 625.00	\$ 569.00	\$ 56.00	\$ 28.00
Employee + one Child	\$ 956.00	\$ 832.00	\$ 124.00	\$ 62.00
Employee + Spouse	\$ 1,436.00	\$ 1,192.00	\$ 244.00	\$ 122.00
Employee + Family	\$ 1,845.00	\$ 1,531.00	\$ 314.00	\$ 157.00

Cigna Health Savings Account

HSA Contribution of \$100 per month by YCSD				
Employee only-HSA Contribution \$100	\$ 589.00	\$ 589.00	\$ -	\$ -
Employee + one Child--HSA Contribution \$100	\$ 900.00	\$ 819.00	\$ 81.00	\$ 40.50
Employee + Spouse--HSA Contribution \$100	\$ 1,351.00	\$ 1,148.00	\$ 203.00	\$ 101.50
Employee + Family--HSA Contribution \$100	\$ 1,736.00	\$ 1,476.00	\$ 260.00	\$ 130.00

DENTAL:

Delta Dental Plan of Virginia
Delta PPO+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 PPO+EPO

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.
 Insurance Premiums are paid a month in advance of coverage effective date.

Paid on 10-month Basis:

HEALTH: Total Monthly Cost YCSD Pays 10 month Employee Pays 10 month Bi-weekly Employee Pays

10-MONTH Employees:

Cigna Open Access 1 (OAP 1)				
Employee only	\$ 750.00	\$ 682.80	\$ 67.20	\$ 33.60
Employee + one Child	\$ 1,147.20	\$ 998.40	\$ 148.80	\$ 74.40
Employee + Spouse	\$ 1,723.20	\$ 1,430.40	\$ 292.80	\$ 146.40
Employee + Family	\$ 2,214.00	\$ 1,837.20	\$ 376.80	\$ 188.40

Cigna Health Savings Account

HSA Contribution of \$100 per month by YCSD				
Employee only-HSA Contribution \$100	\$ 706.80	\$ 706.80	\$ -	\$ -
Employee + one Child--HSA Contribution \$100	\$ 1,080.00	\$ 982.80	\$ 97.20	\$ 48.60
Employee + Spouse--HSA Contribution \$100	\$ 1,621.20	\$ 1,377.60	\$ 243.60	\$ 121.80
Employee + Family--HSA Contribution \$100	\$ 2,083.20	\$ 1,771.20	\$ 312.00	\$ 156.00

DENTAL:

Delta Dental Plan of Virginia
Delta PPO+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 PPO+EPO

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