

**York County School Division**  
**Proposed Health & Dental Insurance Rates**  
**For Plan Year January 1, 2024 - December 31, 2024**

**Paid on 12-month Basis:**

<b>HEALTH:</b>	Total Monthly Cost	YCSD Pays	12 month Employee Pays	12 month Bi-weekly Employee Pays
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**12-MONTH EMPLOYEES:**

<b>Optima POS 250</b>	Total Monthly Cost	YCSD Pays	12 month Employee Pays	12 month Bi-weekly Employee Pays
Employee only	\$ 841.00	\$ 730.00	\$ 111.00	\$ 55.50
Employee + one Child	\$ 1,287.00	\$ 1,046.00	\$ 241.00	\$ 120.50
Employee + Spouse	\$ 1,932.00	\$ 1,541.00	\$ 391.00	\$ 195.50
Employee + Family	\$ 2,482.00	\$ 1,992.00	\$ 490.00	\$ 245.00

**Equity 3500 Health Savings Account**

<b>HSA Contribution of \$100 per month by YCSD</b>	Total Monthly Cost	YCSD Pays	12 month Employee Pays	12 month Bi-weekly Employee Pays
Employee only-HSA Contribution \$100	\$ 793.00	\$ 768.00	\$ 25.00	\$ 12.50
Employee + one Child--HSA Contribution \$100	\$ 1,212.00	\$ 1,060.00	\$ 152.00	\$ 76.00
Employee + Spouse--HSA Contribution \$100	\$ 1,818.00	\$ 1,506.00	\$ 312.00	\$ 156.00
Employee + Family--HSA Contribution \$100	\$ 2,336.00	\$ 1,933.00	\$ 403.00	\$ 201.50

**DENTAL:**

<b>Delta Dental Plan of Virginia Delta PPO+Premier</b>	Total Monthly Cost	YCSD Pays	12 month Employee Pays	12 month Bi-weekly Employee Pays
Employee only	\$ 40.00	\$ 25.00	\$ 15.00	\$ 7.50
Employee + one dependent	\$ 64.00	\$ 27.00	\$ 37.00	\$ 18.50
Employee + Family	\$ 107.00	\$ 35.00	\$ 72.00	\$ 36.00

<b>Delta Dental Plan of Virginia Delta PPO+EPO</b>	Total Monthly Cost	YCSD Pays	12 month Employee Pays	12 month Bi-weekly Employee Pays
Employee only	\$ 28.00	\$ 17.00	\$ 11.00	\$ 5.50
Employee + one dependent	\$ 51.00	\$ 28.00	\$ 23.00	\$ 11.50
Employee + Family	\$ 73.00	\$ 35.00	\$ 38.00	\$ 19.00

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:**

<b>HEALTH:</b>	Total Monthly Cost	YCSD Pays	10 month Employee Pays	10 month Bi-weekly Employee Pays
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**10-MONTH EMPLOYEES:**

<b>Optima POS 250</b>	Total Monthly Cost	YCSD Pays	10 month Employee Pays	10 month Bi-weekly Employee Pays
Employee only	\$ 1,009.20	\$ 876.00	\$ 133.20	\$ 66.60
Employee + one Child	\$ 1,544.40	\$ 1,255.20	\$ 289.20	\$ 144.60
Employee + Spouse	\$ 2,318.40	\$ 1,849.20	\$ 469.20	\$ 234.60
Employee + Family	\$ 2,978.40	\$ 2,390.40	\$ 588.00	\$ 294.00

**Equity 3500 Health Savings Account**

<b>HSA Contribution of \$100 per month by YCSD</b>	Total Monthly Cost	YCSD Pays	10 month Employee Pays	10 month Bi-weekly Employee Pays
Employee only-HSA Contribution \$100	\$ 951.60	\$ 921.60	\$ 30.00	\$ 15.00
Employee + one Child--HSA Contribution \$100	\$ 1,454.40	\$ 1,272.00	\$ 182.40	\$ 91.20
Employee + Spouse--HSA Contribution \$100	\$ 2,181.60	\$ 1,807.20	\$ 374.40	\$ 187.20
Employee + Family--HSA Contribution \$100	\$ 2,803.20	\$ 2,319.60	\$ 483.60	\$ 241.80

**DENTAL:**

<b>Delta Dental Plan of Virginia Delta PPO+Premier</b>	Total Monthly Cost	YCSD Pays	10 month Employee Pays	10 month Bi-weekly Employee Pays
Employee only	\$ 48.00	\$ 30.00	\$ 18.00	\$ 9.00
Employee + one dependent	\$ 76.80	\$ 32.40	\$ 44.40	\$ 22.20
Employee + Family	\$ 128.40	\$ 42.00	\$ 86.40	\$ 43.20

<b>Delta Dental Plan of Virginia Delta PPO+EPO</b>	Total Monthly Cost	YCSD Pays	10 month Employee Pays	10 month Bi-weekly Employee Pays
Employee only	\$ 33.60	\$ 20.40	\$ 13.20	\$ 6.60
Employee + one dependent	\$ 61.20	\$ 33.60	\$ 27.60	\$ 13.80
Employee + Family	\$ 87.60	\$ 42.00	\$ 45.60	\$ 22.80