

**York County School Division**  
**Health & Dental Insurance Rates**  
**For Plan Year January 1, 2025 - December 31, 2025**

**Paid on 12-month Basis (Grandfathered for Staff Hired Before FY25)**

<b>HEALTH:</b>	<b>Total Monthly Cost</b>	<b>YCSD Pays</b>	<b>Monthly Employee Pays</b>	<b>Bi-weekly Employee Pays</b>
<b>12-MONTH EMPLOYEES:</b>				
<b>Sentara Health POS 250</b>				
Employee Only	\$ 934.00	\$ 809.00	\$ 125.00	\$ 62.50
Employee + One Child	\$ 1,429.00	\$ 1,162.00	\$ 267.00	\$ 133.50
Employee + Spouse	\$ 2,145.00	\$ 1,713.00	\$ 432.00	\$ 216.00
Employee + Family	\$ 2,756.00	\$ 2,214.00	\$ 542.00	\$ 271.00
<b>Equity 3500 Health Savings Account</b>				
<i>HSA Contribution of \$100 per month by YCSD</i>				
Employee Only--HSA Contribution \$100	\$ 881.00	\$ 846.00	\$ 35.00	\$ 17.50
Employee + One Child--HSA Contribution \$100	\$ 1,346.00	\$ 1,173.00	\$ 173.00	\$ 86.50
Employee + Spouse--HSA Contribution \$100	\$ 2,018.00	\$ 1,670.00	\$ 348.00	\$ 174.00
Employee + Family--HSA Contribution \$100	\$ 2,593.00	\$ 2,144.00	\$ 449.00	\$ 224.50

**DENTAL:**

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

**York County School Division**  
**Health & Dental Insurance Rates**  
**For Plan Year January 1, 2025 - December 31, 2025**

**10-month Rates:**

<b>HEALTH:</b>	<b>Total Monthly Cost</b>	<b>YCSD Pays</b>	<b>Monthly Employee Pays</b>	<b>Bi-weekly Employee Pays</b>
<b>10-MONTH Employees:</b>				
<b>Sentara Health POS 250</b>				
Employee Only	\$ 1,120.80	\$ 970.80	\$ 150.00	\$ 75.00
Employee + One Child	\$ 1,714.80	\$ 1,394.40	\$ 320.40	\$ 160.20
Employee + Spouse	\$ 2,574.00	\$ 2,055.60	\$ 518.40	\$ 259.20
Employee + Family	\$ 3,307.20	\$ 2,656.80	\$ 650.40	\$ 325.20
<b>Equity 3500 Health Savings Account</b>				
<i>HSA Contribution of \$100 per month by YCSD</i>				
Employee Only--HSA Contribution \$100	\$ 1,057.20	\$ 1,015.20	\$ 42.00	\$ 21.00
Employee + One Child--HSA Contribution \$100	\$ 1,615.20	\$ 1,407.60	\$ 207.60	\$ 103.80
Employee + Spouse--HSA Contribution \$100	\$ 2,421.60	\$ 2,004.00	\$ 417.60	\$ 208.80
Employee + Family--HSA Contribution \$100	\$ 3,111.60	\$ 2,572.80	\$ 538.80	\$ 269.40

**DENTAL:**

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

**All rates are based on FULL-TIME employment.**  
**PART-TIME rates are based on the percentage of employment.**  
**Insurance premiums are paid a month in advance of coverage effective date.**