

York County School Division
Health & Dental Insurance Rates
Effective: January 1, 2019 - December 31, 2019

Paid on 12-month Basis:

HEALTH:	Total Monthly Cost	YCSD Pays	12 month Employee Pays	12 month Bi-weekly Employee Pays
January 1, 2019-December 31, 2019				
<u>12-MONTH EMPLOYEES:</u>				
Cigna Open Access 1 (OAP 1)				
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 Open Access 2 (OAP 2)				
Employee only	\$ 795.68	\$ 708.68	\$ 87.00	\$ 43.50
Employee + one Child	\$ 1,159.88	\$ 947.88	\$ 212.00	\$ 106.00
Employee + Spouse	\$ 1,815.10	\$ 1,407.10	\$ 408.00	\$ 204.00
Employee + Family	\$ 2,131.94	\$ 1,694.94	\$ 437.00	\$ 218.50
Cigna Health Savings Account				
<i>HSA Contribution of \$100 per month by YCSD</i>				
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

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
January 1, 2019-December 31, 2019				
<u>10-MONTH Employees:</u>				
Cigna Open Access 1 (OAP 1)				
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 Open Access 2 (OAP 2)				
Employee only	\$ 954.82	\$ 850.42	\$ 104.40	\$ 52.20
Employee + one Child	\$ 1,391.86	\$ 1,137.46	\$ 254.40	\$ 127.20
Employee + Spouse	\$ 2,178.12	\$ 1,688.52	\$ 489.60	\$ 244.80
Employee + Family	\$ 2,558.32	\$ 2,033.92	\$ 524.40	\$ 262.20
Cigna Health Savings Account				
<i>HSA Contribution of \$100 per month by YCSD</i>				
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 RATES PAID OVER 12 MONTHS:

	Total Monthly Cost	YCSD Pays	Monthly Employee	Biweekly Employee
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

DENTAL RATES PAID OVER 10 MONTHS:

	Total Monthly Cost	YCSD Pays	Monthly Employee	Biweekly Employee
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

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