

Prince George County Health and Dental Rates FY/20

Effective June 2019 for July 1, 2019 coverage (monthly rates)

Full Time Employee Rates

Anthem Plan 30			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 40.00	\$ 743.81	\$ 783.81
Employee/Child	\$ 215.00	\$ 781.12	\$ 996.12
Employee/Children	\$ 425.00	\$ 817.25	\$ 1,242.25
Employee/Spouse	\$ 500.00	\$ 855.95	\$ 1,355.95
Employee/Family	\$ 710.00	\$ 879.59	\$ 1,589.59

Anthem High Deductible Health Plan (with HSA)			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ -	\$ 708.62	\$ 708.62
Employee/Child	\$ 108.00	\$ 833.91	\$ 941.91
Employee/Children	\$ 213.00	\$ 984.54	\$ 1,197.54
Employee/Spouse	\$ 250.00	\$ 1,060.50	\$ 1,310.50
Employee/Family	\$ 355.00	\$ 1,199.12	\$ 1,554.12

****Employer contributes semi-annually into the employee's Health Savings Account****

BlueView Vision Buy-Up (voluntary)			
	Employee Contribution Amount	Employer Contribution Amount	Total Vision Premium Cost
Employee Only	\$ 5.91	\$ -	\$ 5.91
Employee/Child	\$ 10.34	\$ -	\$ 10.34
Employee/Children	\$ 11.81	\$ -	\$ 11.81
Employee/Spouse	\$ 10.34	\$ -	\$ 10.34
Employee/Family	\$ 17.18	\$ -	\$ 17.18

Delta Low Tier Dental Plan			
	Employee Contribution Amount	Employer Contribution Amount	Total Dental Premium Cost
Employee Only	\$ 28.98	\$ -	\$ 28.98
Employee/Child(ren)	\$ 62.32	\$ -	\$ 62.32
Employee/Spouse	\$ 59.04	\$ -	\$ 59.04
Employee/Family	\$ 68.74	\$ -	\$ 68.74

Delta High Tier Dental Plan			
	Employee Contribution Amount	Employer Contribution Amount	Total Dental Premium Cost
Employee Only	\$ 35.56	\$ -	\$ 35.56
Employee/Child(ren)	\$ 79.86	\$ -	\$ 79.86
Employee/Spouse	\$ 71.12	\$ -	\$ 71.12
Employee/Family	\$ 100.53	\$ -	\$ 100.53