

Prince George County Health and Dental Rates FY/20

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

Part Time Regular Employee Rates

| Anthem Plan 30 | | | |
|-------------------|------------------------------|------------------------------|---------------------------|
| | Employee Contribution Amount | Employer Contribution Amount | Total Health Premium Cost |
| Employee Only | \$ 411.91 | \$ 371.91 | \$ 783.81 |
| Employee/Child | \$ 605.56 | \$ 390.56 | \$ 996.12 |
| Employee/Children | \$ 833.63 | \$ 408.63 | \$ 1,242.25 |
| Employee/Spouse | \$ 927.98 | \$ 427.98 | \$ 1,355.95 |
| Employee/Family | \$ 1,149.80 | \$ 439.80 | \$ 1,589.59 |

| Anthem High Deductible Health Plan (with HSA) | | | |
|---|------------------------------|------------------------------|---------------------------|
| | Employee Contribution Amount | Employer Contribution Amount | Total Health Premium Cost |
| Employee Only | \$ 354.31 | \$ 354.31 | \$ 708.62 |
| Employee/Child | \$ 524.96 | \$ 416.96 | \$ 941.91 |
| Employee/Children | \$ 705.27 | \$ 492.27 | \$ 1,197.54 |
| Employee/Spouse | \$ 780.25 | \$ 530.25 | \$ 1,310.50 |
| Employee/Family | \$ 954.56 | \$ 599.56 | \$ 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 |