

## Prince George County Health and Dental Rates FY/19

*Effective June 2018 for July 1, 2018 coverage (monthly rates)*

### Part Time Regular Employee Rates

Anthem Plan 30			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 380.11	\$ 340.11	\$ 720.21
Employee/Child	\$ 572.17	\$ 357.17	\$ 929.33
Employee/Children	\$ 798.69	\$ 373.69	\$ 1,172.37
Employee/Spouse	\$ 891.38	\$ 391.38	\$ 1,282.76
Employee/Family	\$ 1,112.19	\$ 402.19	\$ 1,514.37

Anthem High Deductible Health Plan (with HSA)			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 324.02	\$ 324.02	\$ 648.03
Employee/Child	\$ 489.31	\$ 381.31	\$ 870.61
Employee/Children	\$ 663.18	\$ 450.18	\$ 1,113.36
Employee/Spouse	\$ 734.91	\$ 484.91	\$ 1,219.82
Employee/Family	\$ 903.30	\$ 548.30	\$ 1,451.59

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

Unicare 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