

York County School Division
Health & Dental Insurance Rates
For Plan Year January 1, 2022 - December 31, 2022

Paid on 12-month Basis:

HEALTH: Total Monthly Cost YCSD Pays 12 month Employee Pays 12 month Bi-weekly Employee Pays

12-MONTH EMPLOYEES:

Optima POS 15	Total Monthly Cost	YCSD Pays	12 month Employee Pays	12 month Bi-weekly Employee Pays
Employee only	\$ 735.00	\$ 650.00	\$ 85.00	\$ 42.50
Employee + one Child	\$ 1,125.00	\$ 915.00	\$ 210.00	\$ 105.00
Employee + Spouse	\$ 1,689.00	\$ 1,347.00	\$ 342.00	\$ 171.00
Employee + Family	\$ 2,170.00	\$ 1,755.00	\$ 415.00	\$ 207.50

Optima POS 250

Employee only	\$ 713.00	\$ 643.00	\$ 70.00	\$ 35.00
Employee + one Child	\$ 1,091.00	\$ 925.00	\$ 166.00	\$ 83.00
Employee + Spouse	\$ 1,638.00	\$ 1,346.00	\$ 292.00	\$ 146.00
Employee + Family	\$ 2,105.00	\$ 1,741.00	\$ 364.00	\$ 182.00

Equity 3000 Health Savings Account

<i>HSA Contribution of \$100 per month by YCSD</i>				
Employee only-HSA Contribution \$100	\$ 672.00	\$ 672.00	\$ -	\$ -
Employee + one Child--HSA Contribution \$100	\$ 1,027.00	\$ 930.00	\$ 97.00	\$ 48.50
Employee + Spouse--HSA Contribution \$100	\$ 1,541.00	\$ 1,312.00	\$ 229.00	\$ 114.50
Employee + Family--HSA Contribution \$100	\$ 1,981.00	\$ 1,687.00	\$ 294.00	\$ 147.00

DENTAL:

**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

The above rates are for FULL TIME employees. Part-time rates are based on the percentage of employment.
 Insurance Premiums are paid a month in advance of coverage effective date.

Paid on 10-month Basis:

HEALTH: Total Monthly Cost YCSD Pays 10 month Employee Pays 10 month Bi-weekly Employee Pays

10-MONTH EMPLOYEES:

Optima POS 15	Total Monthly Cost	YCSD Pays	10 month Employee Pays	10 month Bi-weekly Employee Pays
Employee only	\$ 882.00	\$ 780.00	\$ 102.00	\$ 51.00
Employee + one Child	\$ 1,350.00	\$ 1,098.00	\$ 252.00	\$ 126.00
Employee + Spouse	\$ 2,027.00	\$ 1,616.00	\$ 410.00	\$ 205.00
Employee + Family	\$ 2,604.00	\$ 2,106.00	\$ 498.00	\$ 249.00

Optima POS 250

Employee only	\$ 856.00	\$ 772.00	\$ 84.00	\$ 42.00
Employee + one Child	\$ 1,309.00	\$ 1,110.00	\$ 199.00	\$ 99.50
Employee + Spouse	\$ 1,966.00	\$ 1,615.00	\$ 350.00	\$ 175.00
Employee + Family	\$ 2,526.00	\$ 2,089.00	\$ 437.00	\$ 218.50

Equity 3000 Health Savings Account

<i>HSA Contribution of \$100 per month by YCSD</i>				
Employee only-HSA Contribution \$100	\$ 806.00	\$ 806.00	\$ -	\$ -
Employee + one Child--HSA Contribution \$100	\$ 1,232.00	\$ 1,116.00	\$ 116.00	\$ 58.00
Employee + Spouse--HSA Contribution \$100	\$ 1,849.00	\$ 1,574.00	\$ 275.00	\$ 137.50
Employee + Family--HSA Contribution \$100	\$ 2,377.00	\$ 2,024.00	\$ 353.00	\$ 176.50

DENTAL:

**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