

**York County School Division**  
**Proposed Health & Dental Insurance Rates**  
**For Plan Year January 1, 2023 - December 31, 2023**

**Paid on 12-month Basis:**

| <b>HEALTH:</b> | Total Monthly Cost | YCSD Pays | 12 month Employee Pays | 12 month Bi-weekly Employee Pays |
|----------------|--------------------|-----------|------------------------|----------------------------------|
|----------------|--------------------|-----------|------------------------|----------------------------------|

**12-MONTH EMPLOYEES:**

| <b>Optima POS 250</b> |             |             |           |           |
|-----------------------|-------------|-------------|-----------|-----------|
| Employee only         | \$ 820.00   | \$ 720.00   | \$ 100.00 | \$ 50.00  |
| Employee + one Child  | \$ 1,255.00 | \$ 1,030.00 | \$ 225.00 | \$ 112.50 |
| Employee + Spouse     | \$ 1,884.00 | \$ 1,517.00 | \$ 367.00 | \$ 183.50 |
| Employee + Family     | \$ 2,421.00 | \$ 1,962.00 | \$ 459.00 | \$ 229.50 |

**Equity 3000 Health Savings Account**

| <b>HSA Contribution of \$100 per month by YCSD</b> |             |             |           |           |
|--|-------------|-------------|-----------|-----------|
| Employee only-HSA Contribution \$100               | \$ 773.00   | \$ 758.00   | \$ 15.00  | \$ 7.50   |
| Employee + one Child--HSA Contribution \$100       | \$ 1,182.00 | \$ 1,045.00 | \$ 137.00 | \$ 68.50  |
| Employee + Spouse--HSA Contribution \$100          | \$ 1,773.00 | \$ 1,484.00 | \$ 289.00 | \$ 144.50 |
| Employee + Family--HSA Contribution \$100          | \$ 2,279.00 | \$ 1,905.00 | \$ 374.00 | \$ 187.00 |

**DENTAL:**

| <b>Delta Dental Plan of Virginia<br/>Delta PPO+Premier</b> |           |          |          |          |
|--|-----------|----------|----------|----------|
| Employee only  | \$ 40.00  | \$ 25.00 | \$ 15.00 | \$ 7.50  |
| Employee + one dependent                                   | \$ 64.00  | \$ 27.00 | \$ 37.00 | \$ 18.50 |
| Employee + Family  | \$ 107.00 | \$ 35.00 | \$ 72.00 | \$ 36.00 |

**Delta Dental Plan of Virginia  
Delta PPO+EPO**

|                          |          |          |          |          |
|--------------------------|----------|----------|----------|----------|
| Employee only            | \$ 28.00 | \$ 17.00 | \$ 11.00 | \$ 5.50  |
| Employee + one dependent | \$ 51.00 | \$ 28.00 | \$ 23.00 | \$ 11.50 |
| Employee + Family        | \$ 73.00 | \$ 35.00 | \$ 38.00 | \$ 19.00 |

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:**

| <b>HEALTH:</b> | Total Monthly Cost | YCSD Pays | 10 month Employee Pays | 10 month Bi-weekly Employee Pays |
|----------------|--------------------|-----------|------------------------|----------------------------------|
|----------------|--------------------|-----------|------------------------|----------------------------------|

**10-MONTH EMPLOYEES:**

| <b>Optima POS 250</b> |             |             |           |           |
|-----------------------|-------------|-------------|-----------|-----------|
| Employee only         | \$ 984.00   | \$ 864.00   | \$ 120.00 | \$ 60.00  |
| Employee + one Child  | \$ 1,506.00 | \$ 1,236.00 | \$ 270.00 | \$ 135.00 |
| Employee + Spouse     | \$ 2,260.80 | \$ 1,820.40 | \$ 440.40 | \$ 220.20 |
| Employee + Family     | \$ 2,905.20 | \$ 2,354.40 | \$ 550.80 | \$ 275.40 |

**Equity 3000 Health Savings Account**

| <b>HSA Contribution of \$100 per month by YCSD</b> |             |             |           |           |
|--|-------------|-------------|-----------|-----------|
| Employee only-HSA Contribution \$100               | \$ 927.60   | \$ 909.60   | \$ 18.00  | \$ 9.00   |
| Employee + one Child--HSA Contribution \$100       | \$ 1,418.40 | \$ 1,254.00 | \$ 164.40 | \$ 82.20  |
| Employee + Spouse--HSA Contribution \$100          | \$ 2,127.60 | \$ 1,780.80 | \$ 346.80 | \$ 173.40 |
| Employee + Family--HSA Contribution \$100          | \$ 2,734.80 | \$ 2,286.00 | \$ 448.80 | \$ 224.40 |

**DENTAL:**

| <b>Delta Dental Plan of Virginia<br/>Delta PPO+Premier</b> |           |          |          |          |
|--|-----------|----------|----------|----------|
| Employee only  | \$ 48.00  | \$ 30.00 | \$ 18.00 | \$ 9.00  |
| Employee + one dependent                                   | \$ 76.80  | \$ 32.40 | \$ 44.40 | \$ 22.20 |
| Employee + Family  | \$ 128.40 | \$ 42.00 | \$ 86.40 | \$ 43.20 |

**Delta Dental Plan of Virginia  
Delta PPO+EPO**

|                          |          |          |          |          |
|--------------------------|----------|----------|----------|----------|
| Employee only            | \$ 33.60 | \$ 20.40 | \$ 13.20 | \$ 6.60  |
| Employee + one dependent | \$ 61.20 | \$ 33.60 | \$ 27.60 | \$ 13.80 |
| Employee + Family        | \$ 87.60 | \$ 42.00 | \$ 45.60 | \$ 22.80 |