

## York County School Division - Health & Dental Insurance Rates : Plan year January 1, 2026 - December 31, 2026

- All rates listed below are based on FULL-TIME employment. PART-TIME rates are based on the percentage of employment. Contact the Human Resources Department for PART-TIME rates.

- All staff hired after July 1, 2024 will pay 10 month rates regardless of 12 or 10 month position status.
- Staff hired prior to July 1, 2024 in a 12-month position or a 10-month position with participation in reserve pay are GRANDFATHERED under the 12-month rate cycle.
- Participants of the Retiree Health Plan will use the 12-month rate cycle.

\*\*Effective January 1, 2026, monthly COBRA premiums will reflect the 2% allowable increase. This adjustment ensures continued compliance with COBRA requirements and helps us cover administrative costs

### HEALTH CARE - 10 MONTH RATES - 2026

SENTARA - POS 500/20	BI-WEEKLY EMPLOYEE PAYS	MONTHLY EMPLOYEE PAYS	YCSD PAYS	TOTAL MONTHLY COST
EMPLOYEE ONLY	\$79.20	\$158.40	\$1,018.80	\$1,177.20
EMPLOYEE + CHILD	\$168.60	\$337.20	\$1,464.00	\$1,801.20
EMPLOYEE + SPOUSE	\$272.40	\$544.80	\$2,158.80	\$2,703.60
EMPLOYEE + FAMILY	\$342.00	\$684.00	\$2,788.80	\$3,472.80
SENTARA - POS HSA 3500/0 + HEALTH SAVINGS ACCOUNT (HSA) YCSD Contributes \$120/month to HSA				
EMPLOYEE ONLY	\$22.20	\$44.40	\$1,066.80	\$1,111.20
EMPLOYEE + CHILD	\$109.20	\$218.40	\$1,478.40	\$1,696.80
EMPLOYEE + SPOUSE	\$219.60	\$439.20	\$2,103.60	\$2,542.80
EMPLOYEE + FAMILY	\$283.20	\$566.40	\$2,701.20	\$3,267.60

### HEALTH CARE - 12 MONTH RATES - 2026

SENTARA - POS 500/20	BI-WEEKLY EMPLOYEE PAYS	MONTHLY EMPLOYEE PAYS	YCSD PAYS	TOTAL MONTHLY COST
EMPLOYEE ONLY	\$66.00	\$132.00	\$849.00	\$981.00
EMPLOYEE + CHILD	\$140.50	\$281.00	\$1,220.00	\$1,501.00
EMPLOYEE + SPOUSE	\$227.00	\$454.00	\$1,799.00	\$2,253.00
EMPLOYEE + FAMILY	\$285.00	\$570.00	\$2,324.00	\$2,894.00
SENTARA - POS HSA 3500/0 + HEALTH SAVINGS ACCOUNT (HSA) YCSD Contributes \$100/month to HSA				
EMPLOYEE ONLY	\$18.50	\$37.00	\$889.00	\$926.00
EMPLOYEE + CHILD	\$91.00	\$182.00	\$1,232.00	\$1,414.00
EMPLOYEE + SPOUSE	\$183.00	\$366.00	\$1,753.00	\$2,119.00
EMPLOYEE + FAMILY	\$236.00	\$472.00	\$2,251.00	\$2,723.00

### DENTAL - 10 MONTH RATES - 2026

DELTA DENTAL - PPO+PREMIER	BI-WEEKLY EMPLOYEE PAYS	MONTHLY EMPLOYEE PAYS	YCSD PAYS	TOTAL MONTHLY COST
EMPLOYEE ONLY	\$9.00	\$18.00	\$30.00	\$48.00
EMPLOYEE + 1	\$22.20	\$44.40	\$32.40	\$76.80
EMPLOYEE + FAMILY	\$43.20	\$86.40	\$42.00	\$128.40
DELTA DENTAL - PPO+EPO				
EMPLOYEE ONLY	\$6.60	\$13.20	\$20.40	\$33.60
EMPLOYEE + 1	\$13.80	\$27.60	\$33.60	\$61.20
EMPLOYEE + FAMILY	\$22.80	\$45.60	\$42.00	\$87.60

### DENTAL - 12 MONTH RATES - 2026

DELTA DENTAL - PPO+PREMIER	BI-WEEKLY EMPLOYEE PAYS	MONTHLY EMPLOYEE PAYS	YCSD PAYS	TOTAL MONTHLY COST
EMPLOYEE ONLY	\$7.50	\$15.00	\$25.00	\$40.00
EMPLOYEE + 1	\$18.50	\$37.00	\$27.00	\$64.00
EMPLOYEE + FAMILY	\$36.00	\$72.00	\$35.00	\$107.00
DELTA DENTAL - PPO+EPO				
EMPLOYEE ONLY	\$5.50	\$11.00	\$17.00	\$28.00
EMPLOYEE + 1	\$11.50	\$23.00	\$28.00	\$51.00
EMPLOYEE + FAMILY	\$19.00	\$38.00	\$35.00	\$73.00