

STAFFORD COUNTY PUBLIC SCHOOLS

FISCAL YEAR 2021 HEALTH AND DENTAL INSURANCE RATES

Effective July 1, 2020 - June 1, 2021

Anthem Blue Cross/Blue Shield MONTHLY PREMIUM RATES for Premium Plan -

<u>Full-time Employees :</u>	Monthly Employee Portion
Premium Plan PPO	
Employee	\$53.00
Employee + Child	\$152.00
Employee + Children	\$212.00
Employee + Spouse	\$329.00
Employee + Family	\$472.00
Both Spouses F/T Employed Family Plan	\$141.00

<u>Part-time Employees :</u>	Monthly Employee Portion
Premium Plan PPO	
Employee	\$106.00
Employee + Child	\$304.00
Employee + Children	\$424.00
Employee + Spouse	\$658.00
Employee + Family	\$944.00

Anthem Blue Cross/Blue Shield MONTHLY RATES for Core Plan -

<u>Full-time Employees:</u>	Monthly Employee Portion
Core Plan PPO	
Employee	\$24.00
Employee + Child	\$85.00
Employee + Children	\$150.00
Employee + Spouse	\$255.00
Employee + Family	\$351.00
Both Spouses F/T Employed Family Plan	\$86.00

<u>Part-time Employees :</u>	Monthly Employee Portion
Core Plan PPO	
Employee	\$48.00
Employee + Child	\$170.00
Employee + Children	\$300.00
Employee + Spouse	\$510.00
Employee + Family	\$702.00

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FISCAL YEAR 2021 HEALTH AND DENTAL INSURANCE RATES**

Anthem Blue Cross/Blue Shield MONTHLY RATES for High Deductible Health Plan (HDHP)

with a *Health Savings Account (H.S.A.) -

Full-time Employees:	
High Deductible Health Plan w/H.S.A.	Monthly Employee Portion
Employee	\$20.00
Employee + Child	\$62.00
Employee + Children	\$120.00
Employee + Spouse	\$169.00
Employee + Family	\$277.00
Both Spouses F/T Employed Family Plan	\$83.00

Part-time Employees :	
High Deductible Health Plan w/H.S.A.	Monthly Employee Portion
Employee	\$40.00
Employee + Child	\$124.00
Employee + Children	\$240.00
Employee + Spouse	\$338.00
Employee + Family	\$554.00

Anthem Dental Monthly Rates

PREMIUM PLAN	
(with Orthodontia/Out-of-Network Reimbursement 90%)	Monthly Employee Portion
Employee only	\$30.00
Employee and one child	\$61.00
Employee and children	\$67.00
Employee and spouse	\$57.00
Employee and family	\$94.00

CORE PLAN	
(without Orthodontia/Out-of-Network Reimbursement 80%)	Monthly Employee Portion
Employee only	\$26.00
Employee and one child	\$52.00
Employee and children	\$56.00
Employee and spouse	\$48.00
Employee and family	\$80.00

Approved rates are effective with the July 1, 2020 payroll and runs through the June 1, 2021 payroll. Changes to voluntary elections can be made during the Open Enrollment period (July 1 - August 1, 2020) with an September 1, 2020 effective date.

*H.S.A. accounts are deposited with EmployER seed monies of \$500.00/year (two deposits of \$250.00/each in November and April.

The Anthem KeyCare Plans - Summary of Benefits and Coverage (SBC) information can be located at the school website...

<https://www.staffordschools.net/Page/21144>.

Mid-Year changes are allowed outside of the Open Enrollment period with documented IRS Section 125 Life events (www.irs.gov/pub/irs-regs/td8878.pdf). All changes are subject to the **30** day notification limit. Please contact the Benefits Office with assistance with Mid-year changes. 540-658-6000.