

**BEDFORD COUNTY PUBLIC SCHOOLS  
PROPOSED BENEFIT RATES  
FOR 2018-2019 YEAR \*\* Rates effective 7/1/2018**

**ANTHEM**

Participating in Employee Wellness \$2000 PPO	Monthly Premium	Board Contribution				Employee Cost			
		100%	80%	60%	50%	100%	80%	60%	50%
Employee Only	\$671	\$586	\$485	\$383	\$331	\$85	186	288	340
Employee + Child	\$955	\$661	\$547	\$437	\$382	\$294	408	518	573
Employee + Children	\$1,403	\$859	\$715	\$576	\$507	\$544	688	827	896
Employee + Spouse	\$1,498	\$829	\$714	\$563	\$497	\$669	784	935	1,001
Employee + Family	\$2,021	\$1,035	\$872	\$711	\$630	\$986	1,149	1,310	1,391

Not Participating in Employee Wellness \$2000 PPO	Monthly Premium	Board Contribution				Employee Cost			
		100%	80%	60%	50%	100%	80%	60%	50%
Employee Only	\$671	\$536	\$435	\$333	\$281	\$135	236	338	390
Employee + Child	\$955	\$611	\$497	\$387	\$332	\$344	458	568	623
Employee + Children	\$1,403	\$809	\$665	\$526	\$457	\$594	738	877	946
Employee + Spouse	\$1,498	\$779	\$664	\$513	\$447	\$719	834	985	1,051
Employee + Family	\$2,021	\$985	\$822	\$661	\$580	\$1,036	1,199	1,360	1,441

Participating in Employee Wellness HD-HSA \$3,000 Deductible	Monthly Premium	Board Contribution				Employee Cost			
		100%	80%	60%	50%	100%	80%	60%	50%
Employee Only	\$481	\$451	\$371	\$293	\$254	\$30	110	188	227
Employee + Child	\$681	\$555	\$458	\$365	\$318	\$126	223	316	363
Employee + Children	\$1,004	\$681	\$566	\$457	\$402	\$323	438	547	602
Employee + Spouse	\$1,069	\$725	\$604	\$487	\$429	\$344	465	582	640
Employee + Family	\$1,444	\$863	\$724	\$589	\$523	\$581	720	855	921

Not Participating in Employee Wellness HD-HSA \$3,000 Deductible	Monthly Premium	Board Contribution				Employee Cost			
		100%	80%	60%	50%	100%	80%	60%	50%
Employee Only	\$481	\$401	\$321	\$243	\$204	\$80	160	238	277
Employee + Child	\$681	\$505	\$408	\$315	\$268	\$176	273	366	413
Employee + Children	\$1,004	\$631	\$516	\$407	\$352	\$373	488	597	652
Employee + Spouse	\$1,069	\$675	\$554	\$437	\$379	\$394	515	632	690
Employee + Family	\$1,444	\$813	\$674	\$539	\$473	\$631	770	905	971

Yearly Contribution to Health Savings Account	100%	80%	60%	50%
Employee Only	\$1,000	\$800	\$600	\$500
Employee + Child	\$1,000	\$800	\$600	\$500
Employee + Children	\$1,700	\$1,360	\$1,020	\$850
Employee + Spouse	\$1,100	\$880	\$660	\$550
Employee + Family	\$1,900	\$1,520	\$1,140	\$950

Note: Payments will be sent in monthly installments.

**DELTA DENTAL OF VIRGINIA**

LOW PLAN	Monthly Premium	Board Contribution	Employee Cost
Employee Only	\$21.90	\$21.90	\$0.00
Employee + Child	\$43.64	\$35.19	\$8.45
Employee + Children	\$47.36	\$35.86	\$11.50
Employee + Spouse	\$43.80	\$35.23	\$8.57
Employee + Family	\$70.94	\$40.06	\$30.88

HIGH PLAN	Monthly Premium	Board Contribution	Employee Cost
Employee Only	\$39.42	\$34.42	\$5.00
Employee + Child	\$77.82	\$41.26	\$36.56
Employee + Children	\$86.60	\$42.82	\$43.78
Employee + Spouse	\$78.98	\$41.49	\$37.49
Employee + Family	\$115.90	\$56.03	\$59.87

**SUPERIOR VISION**

	Monthly Premiums
Employee Only	\$7.50
Employee/Child(Ren)	\$14.51
Employee/Spouse	\$14.83
Employee/Family	\$22.24